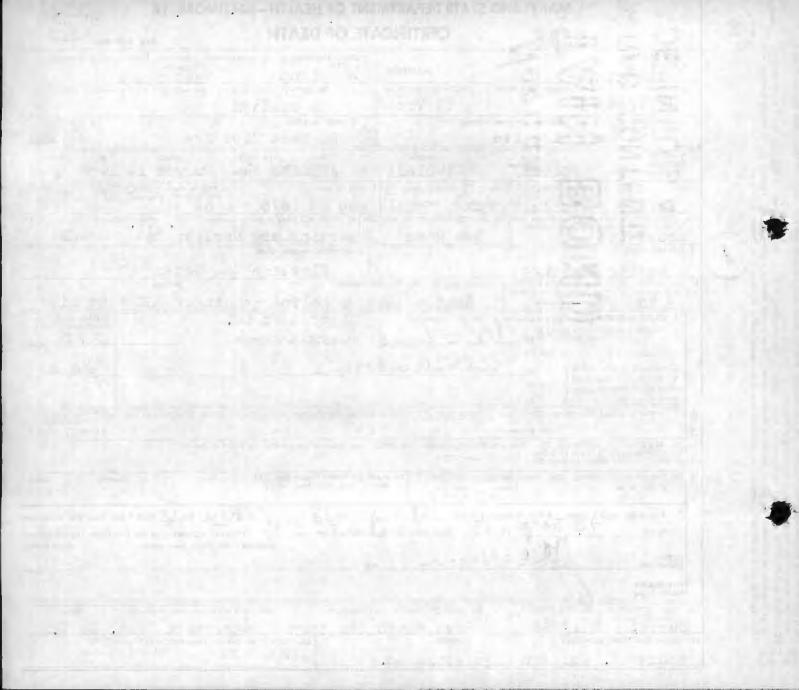
VS A15 (4) 15M 10/57

09524 302

CERTIFICATE OF DEATH Reg. Dist. No.

1. PRACE OF DEATH a. COUNTY Washingt	on			MARYLAND	2. USUAL RESE		ere deceased	b. COUNTY			ore admiss	ion)
b. CITY OR TOWN (I	outside corporate fimi	ts, write	c. LENGTH O	F STAY IN 16			Iside corpore	ate limits, write f			arest town	1)
Hagerst			17	Yrs		agers						
d. NAME OF HOSPIT	At (If not in hospital o	ive street o	oddress)		d. STREET A		001112				e. IS RES	IDENCE
or institution	est Side	Ave			/ 350	West	Side	Ave			ON A	FARM?
3. NAME OF DECEASED (Type or print)	MOLL IE			Middle GINIA	ANI	DREWS	4. DATE OF DEATH	Augus		19	EO	Year 19
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER	MARRIED	B. DATE OF BIRT	H	1	P. AGE (In years	IF UNDER	1 YEAR		
Female		WIDOWE		VORCED 🔲	nec 30	187		lost birthdoy) 82 yrs.	Months	Doys	Hours	Min.
10a. USUAL OCCUPATIO		done 10b.	KIND OF BUSIN	NESS OR INDU					412 CI	IZEN C	DF WHAT	COUNTRY
Housewif	ing lite, even if retired			ome	Marti	nehii	ro Re		Co		USA	
13. FATHER'S NAME			CHALL II	V 860	14. MOTHER'S			LALOJ	-Ψ		002	<u></u>
Tankham	The same allowers							57 - A				
15. WAS DECEASED EVE	Ramsburg		COCIAL CECTION	777 100 137	INFORMANT	Loren	ce va	n Mete				
(Yes, no, or unknown)	If yes, give war or dates of s					L .		Add			-	
No			None		rs Cathe	aline	Monn	inger	350	Ves	t Si	de
	TH [Enter only one co	use per lin	for (o). (b). o	nd (c).]	Hage	rstow	n Md.				ERVAL BE	
	H WAS CAUSED BY:	, (011	Ina 1	Mais	nelow		1		ONS	SET AND	DEATH
332 x	DUE TO	-									-	
Conditions, if or	v. which)	. 6	Ester.	insch	lusis					1	Jan.	
gove rise to in	mediate			0000			-				19.00	143
lying couse lost.	ne under-									1		
	FR SIGNIFICANT CON		CAITOIBHITIAIC	TO DEATH BUT	T NOT BELATED TO	THE TERMIN	MI DICEASE	COMPITION	100 1 10 1 0 1 0			
OF THE STATE OF TH	LA SIGNIFICANT CON	VIIION3 <u>C</u>	ONTRIBUTING	TO DENTH BU	NOT RELATED TO	I FIE LEKWIN	IAL DISEASE	CONDITION GIV	EN IN PAR	1(0)	PERFO	RMED?
2											YES 🗌	NO [
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	RIBE HOW INJ	URY OCCURRE	ED. (Enter nature o	finjury in Po	ort i or Port	II of item 18.)				
20c. TIME OF INJURY Hour o. m.	Month, Doy, Yes	or 20d. IN	JURY OCCURR	ED 20e. Pl	LACE OF INJURY	Home, form,	20f. (City	or town)	(4	County)		(Stote)
Hour o.m.	19	While of work	Not while of work		octory, street, affice	e bidg., etc.)			,			
				Land I			141	17				
	of I offended the	3 - (0	yau	77 70	, to	t-ch	44 1279	.,thot I	lost sc	ow the	deceose
olive on	1400	12	8 , and	that deat	occurred of		M, from	The couses of	and on th	ne do	te state	d above
		0.1	-1			A	DORESS (Stre	eet, city or town,	stote)		D#	ATE SIGNE
ACTUAL SIGNATURE			Usm	~	M.D							
PHYSICIAN'S NAME (Type)												
220. BURIAL, CREMATION	, 226. DATE THEREO	F	22c. NAME O	F CEMETERY C	OR CREMATORY	1	22d. LOCATI	ON (City, town,	or county)		(Stote	e)
REMOVAL (Specify) Burial	8/17/58				1 Cemete			rstown		h		
23. FUNERAL DIRECTOR'S			ADDRESS	+161 A @ I	1 Ochic be		BY REGISTR					Md
Androw V	Caffmax	Hoo		TIA			1 9 '58		Thun S.	Trai	al	



VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9532

CERTIFICATE OF DEATH

	. 000	7		4				Reg. Dis	it. No. 3	02
1, PLACE OF DEATH				2.	USUAL RESIDENCE (W	here decease			ce before or	dmission}
Was	hington		MARYLAN	ID	o. STATE Mary]	and	b. COUNTY	Wash	ingto	n
b. CITY OR TOWN RURAL and give	(If outside corporate lim	its, write	c. LENGTH OF STAY IN	lb	e. CITY OR TOWN (IF	outside corpo	orale limits, write R	URAL and g	rive neorest	lown)
Hagersto			40 years	6	3 Hager	stown				
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital,	give street	oddress)		d. STREET ADDRESS					RESIDENCE
	ew Ave.				62 Belvier	Ave.				S NO
3. NAME OF DECEASED	Fi	rst	Middle		Lost	4. DATE	Men	ith	Day	Yeor
(Type or print)	CORA		MAE	AUS	SHERMAN	DEATH	August		25	1558
5. SEX	6. COLOR OR RACE	7- MARR	NEVER MARRIED	B. D	ATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER		JNDER 24 HRS.
Female	White	WIDOWI	ED DIVORCED	Ja	nuary 3, 18	393	65 уп.	Months	200 Ho	ours Min.
loa. USUAL OCCUPAT	TION (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINESS OR IN	NDUSTRY	11. BIRTHPLACE (Store	e or foreign c	ountry)	12. CITI	ZEN OF W	HAT COUNTRY
Housewife					Sabillas	rille,	Md.	U	.S.A.	
13. FATHER'S NAME				1.	. MOTHER'S MAIDEN	NAME				
Levin	n C. Harbaug	gh			Alverta	Brown				
15. WAS DECEASED E	VER IN U. S. ARMED FOI		SOCIAL SECURITY NO. 1	7. INFO	MANT		Add	ress		
no			none	John	D. Ausher	man	Hager	stown	. Md.	
18. CAUSE OF D	EATH [Enter only one co	ouse per li	ne for (o), (b), and (c).]						INTERVA	AL BETWEEN
PART I. DI	EATH WAS CAUSED BY:	, (anona	m	Occlu	0.00	1			AND DEATH
420.1	DUE TO	,)							
Conditions, if	any, which)	, (anous	mi	Sele	NOS	es		und	Lucus
gave rise to cause (a), slatin	immediate [1 7		0					
lying cause las		-	Landon	رما	cleva	sis	_		un	Know
CATIC	THER SIGNIFICANT CON	IDITIONS C	CONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERM	NINAL DISEAS	E CONDITION GIV	EN IN PART	PI	VAS AUTOPSY ERFORMED? S NO
OR CONTRIBUTION	MAS UNDERLYING [] IG [] CAUSE OF DEATH FY MEDICAL EXAMINER]	20b. DES	CRIBE HOW INJURY OCCU	RRED. (E	iter nature of injury in	Port I or Por	t II of item 18.)			
20c, TIME OF INJU				PLACE	OF INJURY (Home, for	m, 20f. (City	or tawn)	(C	county)	(Stole)
Hour o.m	19	While of world	Nal while	TOCIOTY,	street, office bldg., et	c.]				
21 Leartify	that I attended the	decease	ed from 8/12	148	19 to 8	2/21	58, 19	that 1.1		the deserve
alive on	0/21/58	10	, and that de		surred at 62 th	7 11 6	n the causes o	ا ا ۱۱۱۱۰۰۰	OSI SOW	me decease
01110		. 0	did indi de	∆	Olica Oli		Ireel, city or town,		ie aaie s	DATE SIGNE
ACTUAL SIGNATURE	Kobert	Uhl	ampbell	LM.D.	145	Wu	Jashi	ugto	in S	x 8 h
PHYSICIAN'S NAME (Type)	Robert V	1.	ampbell		Hage	us	town	m	2	
220. BURIAL, CREMATI REMOVAL Specif	ION, 226. DATE THEREC)F	22c. NAME OF CEMETER			22d. LOCA	TION (City, town,	or county)		(Stale)
Burial	8/27/195	8	Rose Hill (Ceme	ery	Hage	erstown.		M	ryland
23. FUNERAL DIRECTO	er Funeral	H me	ADDRESS		240. REC	D BY REGIST	TRAR 245. REGIS	STRAR'S SIG		
Raine	A mieral	v.Oure	Hagerstown.	Md.	DATE A	UG 2 9 '	58 a	rthun &	House	

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FOR STATE EALTH DEPT.

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VS. A15ME

5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09526

Reg. Dist. No. 302 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Washington MARYLAND Washington b. CITY OR TOWN IIf outside corporate limits, write RUPAL e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negres! town! Hagerstown 21 days Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 4. IS RESIDENCE ON A FARM? YES NO IX Outer Drive Outer Drive 3. NAME OF Middle 4. DATE Yeor DECEASED (Type or print) Yvonne DEATH 1958 August 5. SEX 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years IF UNDER LYFAR IF UNDER 24 HRS. Hours Min September Female White WIDOWED | DIVORCED T 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Hagerstown, Maryland U.S.A. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Carl Kemper Calhoun Muriel Lillie Johnson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (III yes, give wor at dates of service) Mr. Edwin K. Bikle Hagerstown, Maryland 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Asphyxia by hanging IMMEDIATE CAUSE (a) DHE TO Conditions, if ony, which gave rise la immediate couse DHE TO (a), stoling the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY CATION PERFORMED? YES T NO X 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Fort 1 or Fort II of item 18.) CALISE OF DEATH. with rope from chimney Hanged self 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Wash Md of work of work at home Hagershown 21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection XI, Inquiry [] and in my opinion death resulted from: Natural causes . Accident . Suicide , Homicide , Undetermined monner DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 8-6-58 S. Robert Wells, M.D. EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER CA 220. BURIAL CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, fown, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Buria Rest Havem Cemeterv Hagerstown 23 FUNERAL DIRECTOR'S SIGNATURE Suter-Rouzer Funeral Home **ADDRESS** 240. REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE Hagerstown, Md. DATE AUG 1 1 '58

ADICAL SCHALL SELECTION OF A STREET - Mile I all the second that - The second second A TABLE DATE: A TABLE TO THE STATE OF THE ST south our service they regard pile there was And the second s

(Stote)

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Page /

PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death.

may be retain TO HOSPITAL

VS A15 (4) 15M 9/55

	A F 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					Madi Als	11, 140.	
1. PLACE OF DEATH a. COUNTY	Washington	MARYLAND	2. USUAL RESIDENCE (WE O. STATE	d .	lived. If institution b. COUNTY		sh.	ndmission)
RURAL and give	Ilf autside carporate limits, write negrest town! mithsburg	7 years	c. CITY OR TOWN (IF c		ote limits, write RI		give meare	it tawn)
d. NAME OF HOS OR INSTITUTION	PITAL (If not in hospital, give street R.F.D. 2	oddress}	d. STREET ADDRESS	R.F.E				IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	John	Richard	Bowman	4. DATE OF DEATH	Mon A U	•	Doy	Year 1958
s. sex male	6. COLOR OR RACE 7. MAR White WIDOW	THE THE PART HAVE THE PARTY TO	B. DATE OF BIRTH Dec. 18, 18		9. AGE (In years last birthday) 85 yrs.	7		UNDER 24 HRS. Hours Min.
100. USUAL OCCUPA during most of w 18TM8	TION (Give kind of work done 10b. orking life, even if retired)	farm	Smith sbu		iuntry)	12. CIT	IZEN OF	WHAT COUNTRY
13. FATHER'S NAME	David Bowma	an	14. MOTHER'S MAIDEN N		lizabet	h Wa	rner	
15. WAS DECEASED E (Yes, no, or unknown)	VER IN U. S. ARMED FORCES? [If yes, give wor or dolas of service]		s. Mary Mil	ler,	Smiths b		Md.	
	PEATH [Enter only one couse per li PEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO		Pneumonia				ONSET	AL BETWEEN AND DEATH WKS.
Canditions, if gave rise to cause (a), stating lying cause los	immediate DUE TO	Arteriosc	lerotic Car	diova	scular	Dise	ase	5 yrs.
477×	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART		WAS AUTOPSY PERFORMED? ES NO N
OR CONTRIBUTION	WAS UNDERLYING (1) 206. DES NG (1) CAUSE OF DEATH PY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in 1	Part 1 or Port	Il of item 18.)			

21. I certify that I attended the deceased from, , and that death occurred at 7:55P M, from the causes and on the date stated above. ACTUAL SIGNATURE

Day, Year

OFTC

20e. PLACE OF INJURY (Home, form,

factory, street, office bldg., etc.]

ADDRESS (Street, city ar town, state) Smithsburg,

arthur & Krous

(County)

19____,that I last saw the deceased

(Stote)

PHYSICIAN'S NAME (Type) Charles F 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL CREMATION,

Pleasant Valley Cem

12-20-

22d. LOCATION (City, town, or county) Smithshurg

24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

DATE AUG 1 9 '58

20f. (City or town)

23. FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)
DUP181

20c. TIME OF INJURY

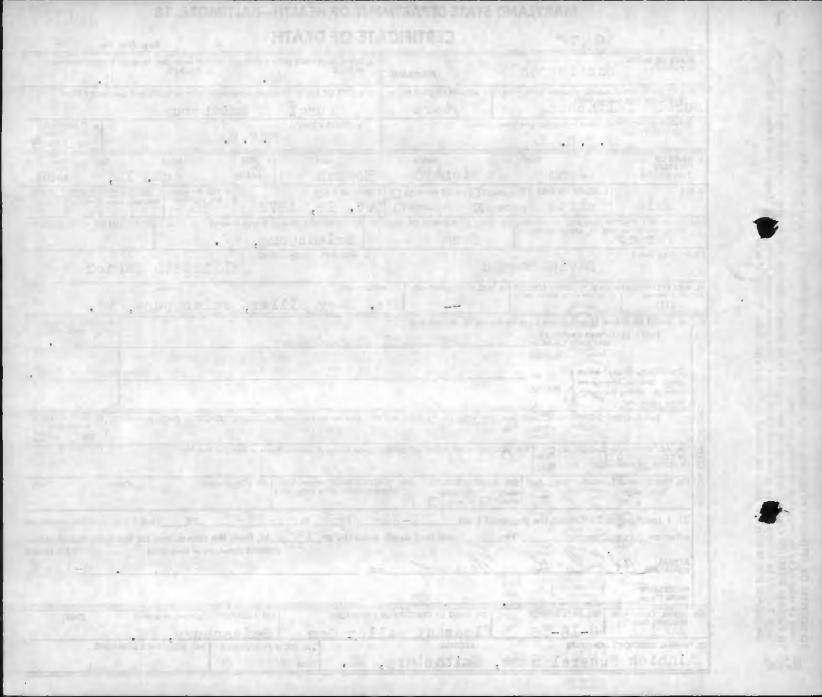
Hour o. ft.

Minnich Funeral Home, Smithsburg, Md.

20d. INJURY OCCURRED

Nat while of work of work

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9534MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 9528

I. PLACE OF DEATH O. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Where dece o. STATE Md .	ased lived. If institu b. COUNT		
b. CITY OR TOWN Iff outside corporate limits, write BURAL end give necreal town) Hager stown	8 days	c. CITY OR TOWN (If outside of Chewsvil		RURAL and gi	ve nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp Washington County Hosp		d. STREET ADDRESS			e, IS RESIDENCE ON A FARM? YES NO
3. NAME OF PECEASED (Type or print) Stanley	Clifton	Bowser 4. Date of DEATH	Mont A U é	gust 1	9, 1958
5. SEX 6. COLOR OR RACE 7. MARRIE WIDOWED		DATE OF BIRTH ay 5, 1923	9. AGE (in years ips hirthdey) 35 yrs.	IF UNDER TYPE	
10a. USUAL OCCUPATION (Give kind af work dane 10b. K during most of working life, even if retired)	Tarm	Sabilla svill	*	12. CITIZEN	OF WHAT COUNTRY?
13. FATHER'S NAME Isiah Bowser		14. MOTHER'S MAIDEN NAME	Pearl F	Kendal	1.
	16-14-6000	arnest I. Bows	er, Chev	vsvill	e, Md.
18. CAUSE OF DEATH [Enter only one cause per line f PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	or (a), (b), and (c).]				NTERVAL BETWEEN DNSET AND DEATH
Canditions, if ony, which gove rise to immediate cause (a), stating the underlying DUE TO	Fractured Sku	11 ,hemorrhage &	shock		8 days
	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINALDISEA	SE CONDITION GIV	EN IN PART 1	19. WAS AUTOPSY PERFORMED? YES NO
CAUSE OF DEATH. Drove		nter noture of injury in Port I or Port		1 2	
3 20c. TIME OF INJURY Month, Day, Year 20d. It	NJURY OCCURRED 200. PLAC	E OF INJURY (Home, form, 20f. (Cirry, street, affice bldg., etc.)		(County	(Store) Md.
21. I certify that I took charge of the redeath resulted from: Natural causes			Inspection Z : Undetermined o	''	, and find that
ACTUAL SI Rollet he	ells	_M.D. CHIEF MEDICAL EXAMINER []		DATE SIGNED
EXAMINER'S S. Robert Well	s, M. D.	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	. —	At	ug.20 1958
720. BURIAL, CREMATION, 726. DATE THEREOF REMOVAL (Specify) B=22-58	22c. NAME OF CEMETERY OR Smithsburg		thsburg		(State)
23. FUNERAL DIRECTOR'S SIGNATURE Minnich Funeral Home,	ADDRESS Smithsburg,	Md . 240. REC'D BY REGI	STRAR 24b. REGIS	STRAR'S SIGNALLING S. H	

VS. A15ME(\$) 5M 9/55

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09530

Reg. Dist. No.

2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) Washington c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Magerstown, Maryland e. IS RESIDENCE ON A FARM? Jenathan Street YES NO | Year 10 19 58 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months 70 yrs. 12. CITIZEN OF WHAT COUNTRY? USA. Address 216-26-5126 Miss Mary E. Brooks 346 M. Jenathan 8 INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO [20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) (County) (State) Fig. M, from the causes and an the date stated above. ADDRESS (Street, city or town, stole) DATE SIGNED

BINFORD. RICHARD 220 BURIAL CREMATION, 226 DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, fown, or county) Greencastle

August 1958

23. FUNERAL DIRECTOR'S SIGNATURE

PHYSICIAN'S

NAME (Type)

SUT 121

M. D.

Cedar

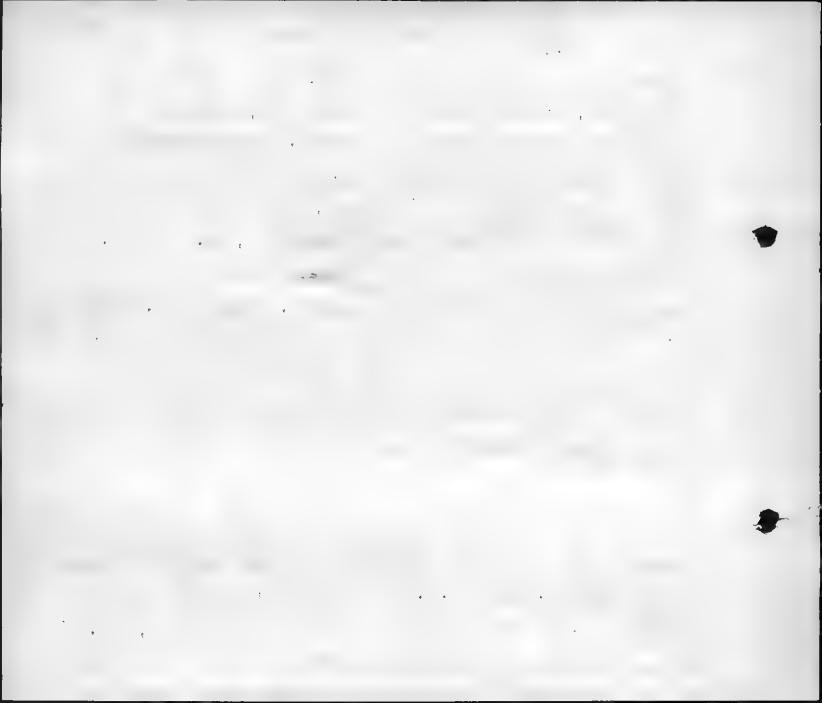
Cemeterv

24c. REC'D BY REGISTRAR

HAGERSTOWN, MARYLAND

24b. REGISTRAR'S SIGNATURE

0 V5 A15 (4)



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09531

. 9536	CERTIFIC	ATE OF DEATH	1	Reg. Dist. No302
1. PLACE OF DEATH a. COUNTY, shington	MARYLAND	2. USUAL RESIDENCE (Who state waryland	b. COUN	ution: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16			RURAL and give nearest lawn)
Hagerstown	3 Days	€ Hagerst	pwn	
d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION 118 Magnolia, Ave	oddress)	d. STREET ADDRESS	omac Ave	e. IS RESIDENCE ON A FARM? YES NO DO
3. NAME OF First DECEASED (Type or print) EDWARD	Middle LEWIS	BURGER	4. DATE MOF DEATH Aug	onth Day Year 1 1958 19
5. SEX 6. COLOR OR RACE 7 MARE	HED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year	IF UNDER 1 YEAR IF UNDER 24 HRS
Lale White WIDOW	DIVORCED	Jany 3 1872		Months Days Hours Mrn
10a USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY
Rural Mail Carrier H	Retired	Hagerstow	n Wash. Co	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
Conrad Burger		Dorthes	Kalbskop	f
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		INFORMANT		ddress
No	None Gon	rad Ray Bur	ger 118 Mag	gnolia Ave
18. CAUSE OF DEATH [Enter only one couse per lie		Hagerstow	n Md.	INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY COP	onary Thromb	osis que to	Arteriosc.	lerotic
DUE TO	ardiovas c ula			
Conditions, if any, which (b)	arutovascula	ir Drzeaze.		4 days
cause (a), stating the under- lying cause lost.				
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION G	IVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
C	None.			YES NO S
U (IF EITHER, NOTIFY MEDICAL EXAMINER)	TRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	art I ar Part II af item 18.)	
1 - 1		ACE OF INJURY (Hame, form, clary, street, office bldg., etc.)	20f. (City or fawn)	(County) (State)
While p. m 19 While of worl		ciary, sireer, office blogs, etc.		
21. I certify that I attended the decease	d from July 2	8, 19 58 to A	ug. 1. 10 5	Sthat I last saw the deceased
alive an Aug. 19	and that death	accurred all:45	A from the couses	and an the date stated above
No for			DORESS (Street, city or town	
ACTUAL SIGNATURE	Tell	M.D 119 Nor	th Potomac	Street 8-1-58
PHYSICIAN'S R.A.Bell, M.	D.	Hagerst	own, Maryla	and.
BUTTH Specify) 8/3/58	Rose Hill C	R CREMATORY	22d LOCATION (City, town,	or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			GISTRAR'S SIGNATURE
Andrew K. Coffman Hage	erstown ad.	DATE RATE	158 QU	1

TO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page may be retained by the hospital or altending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and page 3 shauld be detached use as the burial-transit permit. Then please remove carbon the registrar priar to burial cramation, ar removal, and in any event within 72 hours after detached.

VS A15 (4) 15M 10/57



Andrew K. Coffman Hagerstown ad.

e IS RESIDENCE

ON A F RM

YES NO NO

Yeor

Reg. Dist. No. 302

IF UNDER TYEAR IF UNDER 24 HRS 12 CITIZEN OF WHAT COUNTRY? NTERVAL BETWEEN ONSET AND DEATH PERFORMED? NO X (County) (Stole) Suicide . Homicide . Undetermined manner DATE SIGNED 22d LOCATION (City, town, or county) (State) 1.d Hagerstown Wash 246. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR

VS ATSME 5M 2/S7



0538

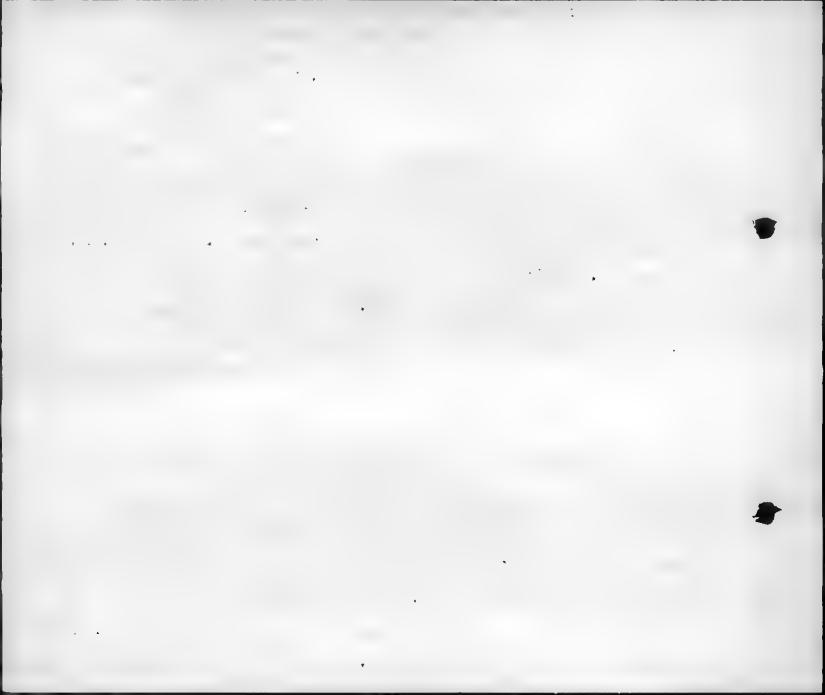
2000	CERTIFICA	TIE OF BEATTI	R	leg. Dist. No. 302
1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Where	deceased lived. If institution: b. COUNTY	Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs	ide corporate limits, write RURA	AL and give nearest town)
Hagerstown	6 days	Berkeley	Springs	8 Tx - 2
d NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION Washington County Hosp	·	d. STREET ADDRESS Park View	์ โทท	e. IS RESIDENCE ON A FARM? YES NO 📆
3. NAME OF First DECEASED	Middle	Lost 4	. DATE Month	Day Year
(Type or print) FLORENCE	MARION	CARMAN	OF DEATH August	25 19 58
5 SEX 6. COLOR OR RACE 7 MAI	RRIED NEVER MARRIED	B DATE OF BIRTH	American Company	UNDER 1 YEAR IF UNDER 24 HRS
Female White WIDOV	VED 📆 DIVORCED 🔲	March 13, 1882	2 76 yrs.	onths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b during most of warking life, even if retired)	KIND OF BUSINESS OR INDU			U.S.A.
Housewife		Indianapol:		U.D.A.K.
Francis M. Dice 1s. was deceased ever in u. s. armed forces? 16	SOCIAL SECURITY NO. 117 I	MATY Fra	nces Thompson	
[Yes, no or unknown] [If yes, give wor or dates of service]				
		rs. Jane Bradfo	ord Baltimo	
18. CAUSE OF DEATH [Enter only one couse part PART I. DEATH WAS CAUSED BY.	The for (o), (b), and (c).	firter	Lucay	ONSET AND DEATH
IMMEDIATE CAUSE (o)	(9,0)			
DUE TO	Steel Sol	de the Castle	Varieta D	Min FALL
Conditions, if any, which gove rise to immediate	unio sas	act of Control	10 Morren 100	crus. Fog
couse (o), sloting the under-	*			()
PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN	IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO
200 ACCIDENT WAS UNDERLYING 1 20b. DE OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Por	t I or Port II of item 18.}	7
		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
Hour o m. 19 Ot wo	Not white		5	
21. I certify that I attended the decea	sed from	17.19 10 66	-5 2 V19	hat Plast saw the deceased
alive an 19	and thei death			d an the date stated above
ACTUAL SIGNATURE	CACLES	AD AD	ORESS (Street, city or lower, stor	DATE SIGNE
PHYSICIAN'S NAME (Type)	oach le	<i>U</i>	1/1) /
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CRIMATORY 2	d LOCATION (City, town, or c	county) (Stole)
REMOVAL (Specify) 8/27/1958	Greenway Ca		Berkeley Sprin	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			AR S SIGNATURE
Suter-Rouger Funeral Hom	le Havensterm 1	MA DATE AU	G 2 9 '58 Ca	Thur & House

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.

page 3 should be detached as the burial-transit permit. Then please remove carbon is. Pages 1 and 2 should be filled with the registrar prior to burial-fremation, or removal, and in any event within 72 hours after dealth. TO HOSPITAL OR ATTENDING HIYSKIIAM: The tam requires that the death mentificate be exacuted within 24 houm after duath. Page

VS A15 (4) TSM 10/57



FOR STATE

S DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary please execute the certificate, writing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the funeral director. Page 1 should be used as a burial-transit permit. File pages 1, 2 with the State Board of Health, or its designated agent. From to burial, cremation, ar removal, and in any event with a state death.

5			բ	
Y \$	A	15	ΜE	
51	A 2	/5	7	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	18
9578 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Reg. Dist. No. 302

		2010	T OCCUPIE TO SECOND	THE PERSON				71311 1101	
1	DEACE OF DEATH				2. USUAL RESIDENCE (V	Vhere deceased five		sence before admission)	
	Wa	shington		MARYLAND	o STATE India	na	b COUNTY Man	rion T	
	b. CITY OR TOWN (if and give nearest fown)	eats de corporate limits, write	PURAL C LENGTH O	F STAY IN Th	c. CITY OR TOWN (IF	aulside corporate	limits, write RURAL on	ed give nearest town)	
	Rural Hage		Few mi	nutes	Indiana	polis	E. L	y R	
			f not in hospital, give street	oddress)	d STREET ADDRESS			e IS RESIDEN	
	Eockdale R	oad 1 mile	north Rt. 40	west	1512 N. Pen	nsylvania	Street	YES NO	
3	NAME OF DECEASED (Type or print)	SAMUEL	S.	ddle (CARTER	4. DATE OF DEATH AL	Month ugust	8 19 5	8
5	. SEX	6 COLOR OR RACE	7 MARRIED A NEVER A	AARRIED 3	DATE OF BIRTH	9. AG	E (In years IF UNDE	R TYEAR IF UNDER 24 I	HRS_
	Male	White	WIDOWED DIVO	ORCED 🗍	July 9, 1898	100'	O yrs O	Days Hours Min.	
1	0o. USUAL OCCUPATION during most of working	ON (Give kind of work of life, even if retired)	tone 10b KIND OF BUSINE	SS OR INDUSTR	Y 11 B-RTHPLACE (State	ar foreign country)	12. CI	TIZEN OF WHAT COUN	TRY?
	General M		Costructi	on Firm	Robert Le	e. Texas	U	.S.A.	
ī	3. FATHER'S NAME				14. MOTHER'S MAIDEN N				
	Hen	ry Carter			Dove Wy	ley			
1	5. WAS DECEASED EV	ER IN U. S. ARMED FO	RCES? 16. SOCIAL SECURI	TY NO 17 IN	FORMANT		Address		
Ľ	Yea	W.W. I		Ky	le Funeral H	Ime Ala	x andria,	Indiana	
	18 CAUSE OF DEAT	TH [Enter only one cou	se per line for (o), (b), and	(c)]	The second second second second	0	_	INTERVAL BETWEEN	
		H WAS CAUSED BY:	Cmished	d Chest	Laceration	of rt. v	entricule:	ONSET AND DEATH	
	82 3X	DUE TO	VI MBIIO		age and show		,	-	
	Conditions, if a	ny, which) (b)							
	gove rise to immed	liate couse							-
	(o), stating the t	(c)							
	FARE II. OTH		DITIONS CONTRIBUTING TO	DEATH BUT NO	OF RELATED TO THE TERM	NAL DISEASE CON	DITION GIVEN IN PA		
The state of the s	<u> </u>							YES ON NO	
	200. EXTERNAL CAL	JSE WAS 20	b. DESCRIBE HOW INJURY	OCCURRED (En	fer nature of injury in Par	I or Port II of item	16)		
		AIKIBO IIMG []			crete abutme				
3	20c. THE OF INJUR	Y Month, Doy, Yes			E OF INJURY (Home, form	20f (City or law	m) (Co	unty) (Stat	te)
1	10:15 xxx	Aug - 198	15 White Not while at work	K His	y, street, office bldg , etc. hway	Rural	Hageretow	n Wash M	íd
	21. I certify th	21. I certify that I took charge of the remains described above, held on Autopsy . Inspection 4. Inquiry . and in my							
	opinion death	resulted from: 1	Notural causes [],	Accident []. Suicide [4]	lomicide .	Undetermined	monner 🔲	
	ACTUAL	3. Role	Twee	100	M.D. CHIEF MEDICAL EX	AMINER [DATE SIGNED	,
					ASSISTANT MEDIC	AL EXAMINER	1	- 4g, 9-5	8
	EXAMINER'S NAME (Type)	. Robert W	ells M. D.		DEPUTY MEDICAL	EXAMINER [4		0 '	
2	20. BURIAL, CREMATIO	N. 226 DATE THEREC		CEMETERY OR C	REMATORY	22d LOCATION (City, town, or county)	(State)	- 1
	REMOVAL (Specify) Removal	8/9/195							
2	Suter-Rouz				240 REC	Alexand	245 REGISTRAR'S SI	Indiana	
			Home Hagerst	own. Md			000		
	B. Fire Kin	Remon	11000000		DATE N	10 1 30	wired	LL/K	



MARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE, 1
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9539	CERTIFICA	ATE OF DEATH	R	eg. Dist. No. 9535
T. PLACE OF DEATH o. COUNTY "GBhingt n	MARYLAND	2. USUAL RESIDENCE (Who state aryland	ere deceased lived. If institution, b COUNTY	Residence before admission)
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Hagerstown	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If or	stside corporate limits, write RURA	
d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION 345 No Potomac St	oddress]	Main St		e. IS RESIDENCE ON A FARM? YES NO I
3. NAME OF First DECEASED (Type or print) LARY	Middle E MO GE NE	tost CLARK	4. DATE Month OF DEATH August 2	Day Year 6 1958 19
5. SEX 6. COLOR OR RACE 7. MARR Fenale White Widows	IED NEVER MARRIED DIVORCED .	B. DATE OF BIRTH August 3 186	55 93 birthday) M	UNDER 1 YEAR IF UNDER 24 HRS. Lonths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of wark done 10b. during most of working life, even if retired) Housewife 13. FATHER'S NAME	KIND OF BUSINESS OR INDU	Brandywine	Maryland	12. CITIZEN OF WHAT COUNTR
John A. McKee		Sarah Ar	in McKee	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service) NO		nformant hoebe Melloi	Address t 345 No Pot	onac St
18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	ne for (o), (b), and (c).]	Hagerstov	m lid.	INTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, which gove rise to immediate cottse (a), stating the underlying cause last. (b) DUE TO (c)	mus/	receiver f	feel Oster	
PANT II. OTHER SIGNIFICANT CONDITIONS CONDIT	ONTRIBUTING TO DEATH BUT	F NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN	IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ERIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort I or Port II af item 18.]	
ZOc. TIME OF INJURY Month, Day, Year 20d. It Hour a. m. 19 While of worl	Not while fo	ACE OF INJURY (Home, form, clary, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended the decease alive on 23 32, 19 ACTUAL SIGNATURE AND END ACTUAL SI	//			hat I last saw the decease I on the date stated abov te) DAJE SIGNE
220. BURIAL, CREMATION, 22b. DATE THEREOF BUT 121 8/29/58 23. FUNERAL DIRECTOR'S SIGNATURE	1	R CREMATORY DE TOTAL		ounty) (State) GS CO Md AR'S SIGNATURE

23. FUNERAL DIRECTOR'S SIGNATURE

VS A15 (4) 15Ⅲ 9/55

Andrew K. Coffman Hagerstown Md.

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

DATE SEP 2

arilun S. Frank



Ó	SL	OMARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18
7	うぶ	U					

CERTIFICATE OF DEATH

									Reg. Dist.	No.	
1. PLACE OF DEATH a. COUNTY					2. USUAL RESI	DENCE (Wh	ere deceased live		Residence	before admission)	
Washington			MARY	LAND	o. STATE Penna. b. COUNTY Fra				Frank	nklin	
b. CITY OR TOWN (If or RURAL and give near	utside carparate limi	ls, write	c. LENGTH OF STAY	c. CITY OR	TOWN (If a	utside corporate l	imits, write RUF	AL and give	e negrest town)		
Hagerstown	· ·		8 days		Rural (Waynesboro))	۲		
d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, g	ive street	oddress)		d STREET	ADDRESS				e. 15 RESIDENCE ON A FARM?	
Washington	n County	Hospi	tal		R.	D.4				YES NO	
3 NAME OF DECEASED (Type or print)	Char		Middle Rov	***	Cline		4. DATE OF DEATH	Month Augus		Day Year 2 19 58	
5. SEX 6			HED NEVER MARRIE	рП	B. DATE OF BIRT	Н	9. A	GE tin waars III		TEAR IF UNDER 24 HRS	
male	white	WIDOWI	DIYORCEI		May 31	*	7	st birthdoy) /	Months De	ays Hours Min	
10a USUAL OCCUPATION during most of working	(Give kind of work of life, even if retired)) [R INDUS						N OF WHAT COUNTRY	
Night watch		F	rick Co.		Blu	e Ride	se Summi	t, Pa.	U.S	5.A.	
13. FATHER'S NAME			•		14 MOTHER'S						
Charles P.	Cline				Ali	ce V.	McClain				
15, WAS DECEASED EVER IN	U. S ARMED FOR		SOCIAL SECURITY NO.		NFORMANT			Addres			
no		17	74-01-3537	M	lrs. Che	ster I	NEW YORK	n Marti	n, Je	nsen Beach,	
		use per lu	ne for (o), (b), and (c).]]						INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH	WAS CAUSED BY- IMEDIATE CAUSE (o)	<u>, Ur</u>	remia							6 days	
181.0	DUE TO									,	
Conditions, if any,		Pe	apillary Ca	reir	oma of	bladde	er			6 months	
gove rise to imm couse (a), stating the											
lying couse lost.) (c))									
PART II. OTHER			ONTRIBUTING TO DEA						I IN PART 1	(o) 19. WAS AUTOPSY PERFORMED?	
Sangrene o			docclusion							YES NO A	
PART II. OTHER Gangrene o OR CONTRIBUTING D IF EITHER, NOTIFY ME	CAUSE OF DEATH DICAL EXAMINER)	200. DESC	CRIBE HOW INJURY OF	CCORKEL), (Enter noture o	of injury in P	ort I or Part II of	item 18.)			
Y 20c. TIME OF INJURY Hour a. m.	Month, Day, Yes	While	Not while	20e. PLA fac	CE OF INJURY (tory, street, offic	Home, form, e bldg., etc.	20f (City or to	own)	(Cou	inty) (Stole)	
21. I certify that	1 attached the			h Jr	17 10 58	2st	Aug.	10 58	11 1 1 1	st saw the deceased	
alive on_Augu			ed Holligan Area	4		1.025P	A formal	, 192222.,	that I la:	date stated above	
dive dilAug_s		O, 12	d on that	deam /	accurred at		EUVI, TOM The ADDRESS (Street,			date stated above	
ACTUAL SIGNATURE	The N	. 0	gehne	<u></u> ,	A.D. <u>13</u> 1				- 1	town, Md.	
PHYSICIAN'S JO	hn H. Keh	ne			131	W. We	ashingto	n St. H	agers	town, Md.	
220. BURIAL, CREMATION, REMOVAL (Specify) BUTIAL	226. DATE THEREO 8/5/58	F	Germantown		_		22d LOCATION Frede		4.7	(Stote) Maryland	
23 FUNFRAL DIRECTOR'S S	GNATURE		ADDRESS			240. REC'D	BY REGISTRAR	24b. REGISTI	RAR'S SIGN	ATURE	
Malter 3	14025	We	aynesboro,	Pa.		DATEAUG	5 '58	Dee (1	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		9.	579		CERTI	FICA	ATE OF	DEATH	1	Reg	. Dist. No	1953	7
	1. 5	PLACE OF DEATH D. COUNTY	Washim	ton	BATT	шт	2. USUAL RES	-	ere deceased lived,	If institution: Res	idence belo	re admission)	
	Ŀ	CITY OR TOWN (IF	autside corporate limit		LENGTH OF STAY	IN 16	c CITY OR	TOWN (If or	utside corporate lin			arest fown)	
		Hancock	200		Life		K Ham	ceek	Marylar	ıd.			
		OR INSTITUTION	AL (If not in hospital, g	ive street od	dress)		, d. STREET	ADDRESS				e. IS RESIDEN	NCE
			Home				145	E Me	in St.			YES NO	
		NAME OF DECEASED Type or print)	Fire Eur	ro no	Middle Carte	r	Cerb		4. DATE OF DEATH	Month	22		58
	5. \$	€X	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	D 🔲	B. DATE OF BIRT	тн	9. AG	[In years IF UN		IF UNDER 24	HRS
		M	W	WIDOWED	DIVORCE		12.14.	1870	1 88	birthday) Ment	ths Degs	Hours A	Min
	100	USUAL OCCUPATIO	N (Give kind of work ding life, even if retired)	lane 10b. KII	ND OF BUSINESS O	R INDUS	TRY 11. BIRTHP	LACE (Stote	or foreign country)	12.	CITIZEN C	F WHAT COL	UNTRY
		Forman	Pomma		s & Same	l Ce	Wash	ingte	on Count	y Md.	U.S	.A.	
	13.	FATHER'S NAME					14 MOTHER	S MAIDEN N	AME				
1		Frank C						me Ce	rbett				
/	15. (Yes	WAS DECEASED EVER	IN U. S ARMED FOR	CES? 16. SO	CIAL SECURITY NO.	17 II				Address			
		No			220-10-0	964	Mrs	Louis	e E Me	arty H	zcock	Md.	
			TH [Enter only one co-	use per line	for (a), (b), and (c)							ERVAL BETWE	
			H WAS CAUSED BY: IMMEDIATE CAUSE (o)	1		Ca	releo	the s				& yr	
		454.4	DUE TO										
	П	Conditions, (f any, which) (b)											
		couse (o), slating the lying couse last.		l		us "al - y le les Berne							
)	CERTIFICATION	PART 11. OTHI	ER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEA	TUB HT	NOT RELATED TO	O THE TERMIT	VAL DISEASE CON	DITION GIVEN IN	PART 1(o) 1	PERFORME	D5
		20g. ACC-DENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH	20b. DESCRI	BE HOW INJURY O	CURREL	Enter nature	of injury in P	ort I or Part II of i	lem 18 j			
	MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Yea	While	JRY OCCURRED Not while of work	20e. PL/ fac	CE OF INJURY tory, street, affic	(Home, form, ce bldg , etc.)	20f (City or low	n)	(County)	(5	Stole)
		21. I certify the	at I attended the			7-4				, 1958,tha			
		olive on		195	, and that	death	occurred at	3-36-A	M, from the	couses and o	n the da		
	П	ACTUAL X	1 9-1	6			,	/	LDDRESS (Street, ci	ly or lown, state)	, 1-	DATE S	SIGNED
		SIGNATURE	- 10%-	11/2	<u> </u>	/	W.D	Charles	Angela	Will.	5-	23-1	28
1		PHYSICIAN'S NAME (Type)	H.E.Tat	ler 1	Im cock	Md.						-	
	220	BURIAL, CREMATION REMOVAL (Specify)		_	2c. NAME OF CEME	TERY OF	CREMATORY		22d LOCATION (ity, town, or coun	ity)	(State)	
		Burial	8.24.5	5 P	resbyter	iar	1 Cemet	ery	Iancock				
	23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			240 REC'D	AUG 256758	24b REGISTRAR'S	S SIGNATUL	RE	
		TOUTOU	- LA	Dul	Hans	pel	k mal	DATE			-1 20, /	VIANCE.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within [11] haurs after death. Page 11 completely filled in by the funeral director, bapers. Pages I and 2 shauld be filled with oth. may be retained by the haspitat or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician page 3 should be detailed for use as the burial-transit permit. Then please remove carlithe registrar prior to be 25, cremation, ar remaval, and in any event within 72 pages of the registrar prior to be 25.

VS A15 (4) 15M 9/55



View

ADDRESS

Cemetery

Sharpsburg

24b. REGISTRAR'S SIGNATURE

arthur S. Trank

24g REC'D BY REGISTRAR

DATE AUG 2 0 '58

09538

e. IS RESIDENCE ON A FARM?

Hours

ONSET AND/DEATH

-34- LOUYS.

PERFORMED?

YES NO.

(State)

DATE SIGNED

(Stote)

USA

YES TE NO IX

Year

19 58

bage VS A15 (4) 1SM 10/57

-REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE?



VS A15 (4) 1SM 10/57

MARYLAND	STATE DEPARTMENT	OF HEALTH-	BALTIMORE.	18
OFIN				
9542	CENTIFICATE	OF BEATH		

CERTIFICATE OF DEATH

L				CERTIFIC	CAI	EOFL	EAIF	1		Reg.	Dist. No		
Ī	PLACE OF DEATH				2	USUAL RESID	ENCE (Wh	ere deceased	lived If instituti	on: Resi	idence befa	re adm s	sian)
	COUNTY Was	hington		MARYLAN	D	o. STATE	Md.		b. COUNTY	W	ashin	gton	
ľ	b. City OR TOWN (if	f autside corporate limits, wi	rile c. LENG	TH OF STAY IN 1	b	c CITY OR T	OWN (If a	utside carpoi	rate limits, write R	URAL o	nd give ne	prest towe	n)
	RURAL and give ne	gerstown	6 n	nos.		3 Ha	gerst	own					
H,	d. NAME OF HOSPITA	AL (If not in hospital, give st	reel address)			d, STREET A	DDRESS					e IS RES	IDENCE
M.	Washingto	on Co. Hospit	al			/ 102	l Mai	n Ave.	,			YES [
	NAME OF DECEASED	First		Middle	******	Lasi		4. DATE OF	Mar	th	Do	ly	Year
1	(Type or print)	Harry	J	oseph	(Craig		DEATH	8		12		19 58
5	S. SEX	6 COLOR OR RACE 7.	MARRIED AN	EVER MARRIED] B. D	ATE OF BIRTH	4		9 AGE (In years		DER 1 YEAR		ER 24 HRS
	male	white win	OWED 🔲	DIVORCED [No	v. 30.	1887		lost birthday) 70 yrs.	Monti	hs Days	Hours	Min.
1	On USUAL OCCUPATIO	IN (Give kind of work done ing life, even if retired)	10b KIND OF	BUSINESS OR IN	DUSTRY	11 BIRTHPL	ACE (State o	ar fareign co	untry)	12	CITIZEN C	F WHAT	COUNTRY
	retire	ed .	Molder-	-W.M. R.F	₹.	Ba	ltimo	re, Md	l.		U.S	.A.	
ī	3. FATHER'S NAME			7	1.	4. MOTHER'S	MAIDEN N	AME					
	Mar	rion Craig				Mai	ry Hir	ne					
1	S WAS DECEASED EVER	R IN U.S. ARMED FORCES?	16. SOCIAL S	ECURITY NO. 17	7. INFO	RMANT			Add	ress			
	NO		none		Mrs	. Saral	h A. (Craig	Hagers	tow	n, Md	•	
	18. CAUSE OF DEA	TH [Enter only one cause p	per line far (a),	(b), and (c)]							INT	RVAL BE	TWEEN
	PART 1. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)									UNS	ET AND	DEATH
	163X	DUE TO	_	,		-						/_	
	Canditions, if an	ry, which } (b)	Car	cinim	er	Long	m				6	37	no
	gave rise to in couse (a), stating t	n mediate											
	lying cause last.	(c)											
(PART II. OTH	ER SIGNIFICANT CONDITIO	NS CONTRIBU	TING TO DEATH I	BUT NOT	RELATED TO	THE TERMIN	VAL DISEASE	CONDITION GIV	EN IN	PART I(a) 1	9 WAS	AUTOPSY RMED?
													NO 🔲
0.00	200 ACCIDENT WAS	LI CAUSE OF DEATH I	DESCRIBE HO	W INJURY OCCUI	RRED. (E	nter nature of	injury in P	art I ar Parl	II of item 18.)				
110		MEDICAL EXAMINER)											
į	20c. TIME OF INJURY		Od. INJURY OC Thile Not	CURRED 20e.	PLACE factory	OF INJURY (), street, affice	lame, farm, blda., etc.)	20f. (City	or town)		(County)		(State)
2	Haur a.m.		work at w										
	21. L certify the	gt I attended the dec	eased from	2-/	6-	1936) to_	2-/	1951	that	1 last so	w the	decease
	alive on_	T//- 300 1	9	and that dec	ath oc	curred at,	21	M, from	the couses o	ind or	n the da	te state	ed above
ł		1 50	in	7		_ /			city of down,		d	انصرت	ATE SIGNE
	SIGNATURE	In du	/ Yes	102	M.D.	$\rightarrow \swarrow$	=41	ul	wi Me	1	/	//3	1500
	PHYSICIAN'S NAME (Type)	t. E.W.	Du	11/2	<	1/1		ish.	D'm	4			
2	20. BURIAL CREMATION REMOVAL (Specify)		27c. NA	ME OECEMETERY		EMATORY /		22d LOCAT	ION (City, town,	or count	y)	(Stat	
L	buriai	8-14-58		Rest Hav	ven			Hage	rstown			Md	•
- 1	3. FUNERAL DIRECTOR'S			RESS			240. REC'D	BY REGISTI	RAR 246 REGIS	STRAR'S	SIGNATUI	RE	
	Fred W. Kra	aiss Hagers	town, N	id.			DATE	4 5	O U	24017	& that	A.A.	



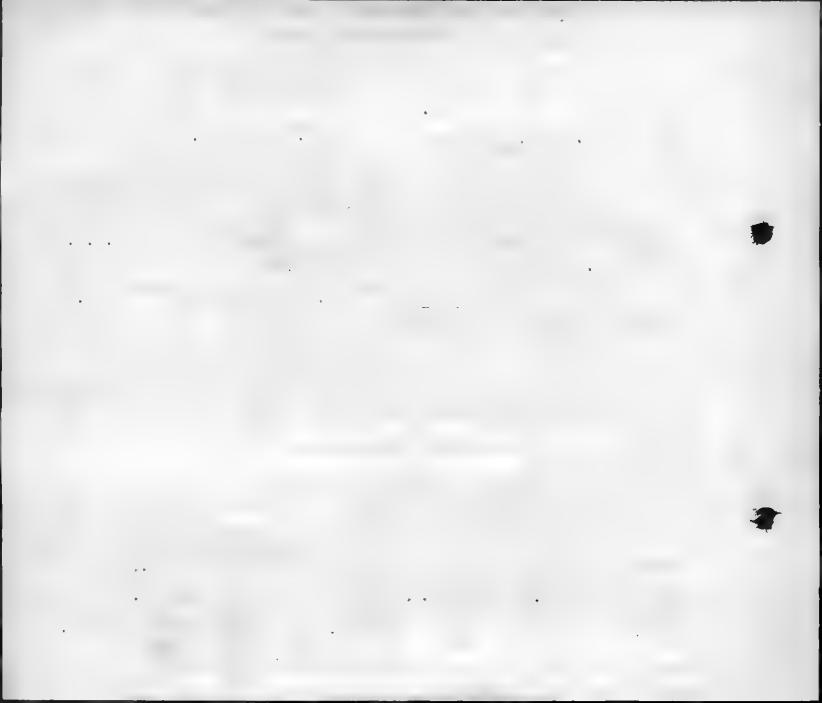
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 9543 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 campletely filled in by the funcral director, ers. Polles I and 2 shauld be filed with M this certificate has been signed by the attending physicion and use as the burial-transit permit. Then please regree-sarbon emation, or remayal, and in any event within 72st may be retained by the haspital ar attending physician. page 3 should be detached the registrar prior to buria

09540

Reg. Dist. No.

			TI .					
1. PLACE OF DEATH o. COUNTY WASH	eng to y	MARYLAND	2 USUAL RESIDENCE o. STATE	! (Where deceased by NNSYLVAN	ed. If institutions TIA COUNTY	FRANKL		n)
b. CITY OR TOWN (If oursi	de corporate limits, write town)	6 MO.	GREE	I (If pulside corporate NCASTLE	limits, write RUR	AL and give nea	rest town)	
GARLOCK ME		oddress) SPITAL	d street addres	SRIDGE A	VE.		ON A FA	ARM?
3 NAME OF DECEASED (Type or print)	HARRY Fiet W	ATSON Middle	DAVI SON	4. DATE OF DEATH	AUGÜST	Dog 2		58
5 SEX 6. C	WHITE WIDOW	RIED A NEVER MARRIED DIVORCED	8 DATE OF BIRTH 7/26/188	85	MGE (In years IF III bydbday) A O yrs.	Aonths Days	Hours	24 HRS Min.
100 USUAL OCCUPATION (G during most of working hi RETTRED 50	ive kind of work done 10b the even if retired CHOOL TEACH			State or foreign count PENNSYLV		12 CITIZEN O	_	OUNTRY
EDWIN E.	DAVISON		MARY I			,		
15 WAS DECEASED EVER IN L (Yes. A Dunknown) . (It yes.	J. S. ARMED FORCES? 16. give war or dates of service)	174-20-8222	MRS. AI	NNA DAVI	SON Addr	REENCA PENN	STLE A.	
PART I DEATH WIMMI	DUE TO	Crrebial	through a come	viii	1evin		there	
PART II OTHER SIGNAL 200. ACCIDENT WAS UNION OR CONTRIBUTING II CA		CRIBE HOW INJURY OCCURRE				I IN PART I(o)	PERFORM YES 1	MED?
TIF EITHER, NOTIFY MEDICAL TIME OF INJURY MEDICAL TIME OF INJURY MEDICAL TO THE TOTAL TOTA	onth, Day, Year 20d. II	NJURY OCCURRED 20e Pl Not while fo	ACE OF INJURY (Home, ctory, street, affice bldg.	form, 20f (City or)	lown}	(County)		(State)
21. I certify that I alive on	attended the deceas \$122, 19: her St Sto-	ed from 1/ 50, and that death		A.M. from th	, eity or lown, sta	d on the dot	e stated	abave E SIGNE
		baker M.D.			stovn, l		er siter sille seje van alse sede sille	
BURIAL	8/26/58	CEDAR HIL		GREE	NCASTL	E PEI	(State)	
23 FUNERAL DIRECTOR'S SIGN	nature Sh	encare	/ //	REC'D BY REGISTRAR AUG 2 7 158		AR'S SIGNATUR	_	

VS A15 (4) 15M 9/55

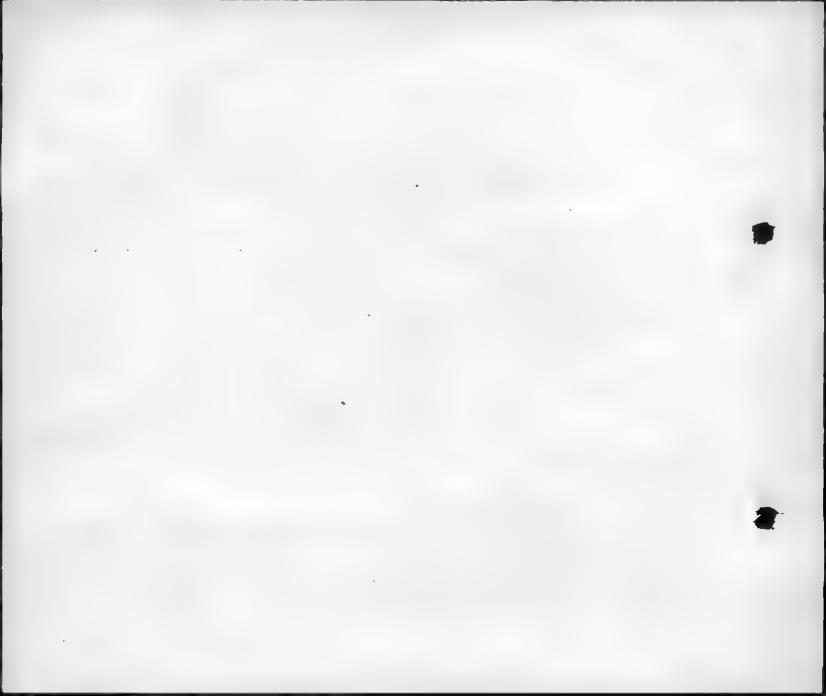


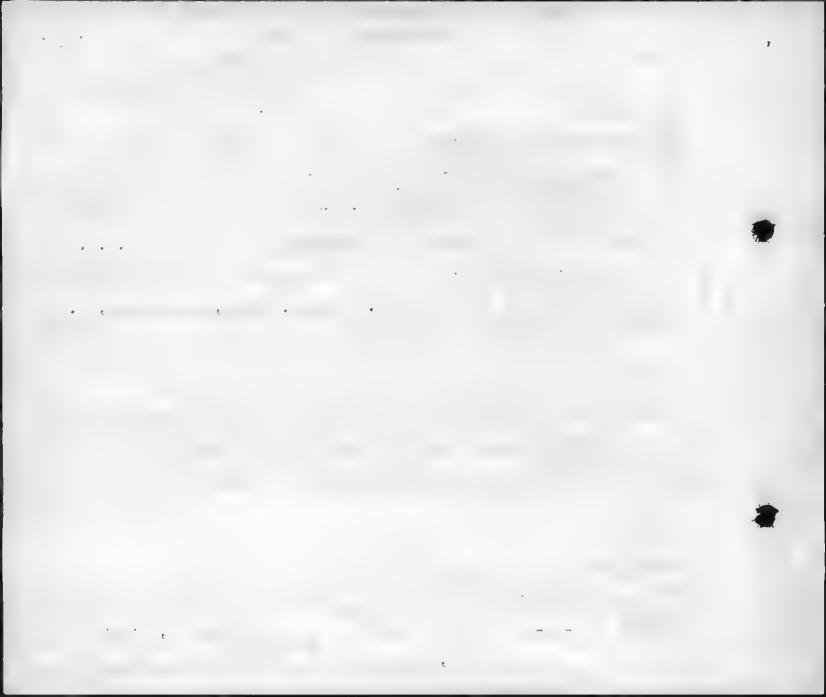
VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CEPTIFICATE OF DEATH

	9580	CERTIFICA	TE OF DEATH]	Reg	. Dist. No.			
1, PLACE OF DE o. COUNTY	Washington	MARYLAND	2 USUAL RESIDENCE (Whe a STATE Md.			ashington	on}		
b. CITY OR TO	OWN (If outside corporate limits, write give nearest town)	c LENGTH OF STAY IN 16	nits, write RURAL	write RURAL and give nearest fown)					
Rural.	Boonesboro #2	6 Weeks	K Rural,	Boonesbo	orc				
d NAME OF	HOSPITAL IIf not in hospital, give street	oddress)	d STREET ADDRESS			e. IS RESII ON A			
	Fahrney Keedy	Home	Boone	esboro #2	2	YES 🗌			
3. NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Month	Day Ye	POI		
(Type or print	Troet org	R.	Deardorff	DEATH	August		9 58		
5. SEX	6. COLOR OR RACE 7. MAR	RIED THEYER MARRIED 1 B.	DATE OF BIRTH	9 AG	E (In years IF UN birthdoy) Mon	IDER I YEAR IF UNDER			
Male	White WIDOW	- 1	6/14/1877		81 yrs.	ths Days Hours	Min		
10a. USUAL OCC	UPATION (Give kind of work done 10b of working life, even if retired)	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State o	r foreign country)	12	CITIZEN OF WHAT	COUNTRY?		
Reti	red Inspector I	andis Tool Co.	Middleburg	Pa.		U.S.A.			
13. FATHER'S NA	ME		14. MOTHER'S MAIDEN NA	AME					
	eph Deardorff		Elizabe	th Bovey	7				
15. WAS DECEA! {Yes, no. or unknown			FORMANT		Address				
No		83-05-7375 A _{Mrs}	. Nettie Dear	dorff. F	Boonesbor	o 1/d. #2			
	OF DEATH Enter only one couse per 1	ne for (p), (b), and (c).	- 1100	1.		INTERVAL BET	WEEN		
PART	I, DEATH WAS CAUSED BY- IMMEDIATE CAUSE (6)	101-101	1697	llin		ONSET AND	its		
	DUE TO	al solo	- (_ (0			
	Conditions, if ony, which) (b) I letter out of the Gray								
	to immediate DUE TO	3 0 (t - 00	100	-	1)		
lying cous	e lost. (c)	o entro	Lecence ?	2000	~1 - 1				
Z PART	II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	IAL DISEASE CON	DITION GIVEN IN	PART I(o) 19. WAS A PERFOR	UTOPSY MED2		
3							NO D		
PAINT	SUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRED	(Enter nature of injury in Pa	ort I or Port II of i	tem 18.)				
	IOTIFY MEDICAL EXAMINER)		,						
20c. TIME OF		NJURY OCCURRED 20e PLAC	E OF INJURY (Home, form, pry, street, office bldg., etc.)	20f. (City or tow	/n)	(County)	(Stole)		
WED	p. m. 19 of wor	TAVI WILLIE	DIT	-					
21. I cest	ity that I attended the decease	sed from	19 010	tup!	19 Kha	t I last saw the o	lecensed		
alive ba	me 1 7 12	and that death o	occurred at	M. from the	0	n the date states			
	10216	200000		DDRESS (St)eet, ci			TE SIGNED		
ACTUAL SIGNATURE	17/1/	The Table	D Tonto	-Jhig	The	16 01			
PHYSICIAN'	TH.	1 12 2 2 2 2		V	_~	7			
NAME (Type) tack	C4/1/	3/		/			
220 BURIAL CRE	MATION, 22b. DATE THEREOF	22c NAME OF CEMETERY OR	CREMATORY :	22d LOCATION (C	lity, town, or cour	nty) (Stote)			
REMOVAL (S Buria		Green Hill	,		om Fra				
	ECTOR'S SIGNATURE	ADDRESS	240. REC'D	BY REGISTRAR	24b REGISTRAR				
Mali	5- W. Strove	11 Januaresto	TO a DATE	1 0					
CONTRACTOR CONTRACTOR	7		Allia	/ U '58	G.O.Lun	S. Maria			





X	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	9545 CERTIFICATE OF DEATH Reg. Dist. No. (19543)
	1. PLACE OF DEATH O COUNTY Wishington MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admiss on) b. COUNTY Washington
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 7 hrs. Williamsport Md. RFD #2
i 1	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Wishi
	3. NAME OF First Middle Lost 4. DATE Month Doy Year OF DECEASED (Type or print) Herman Lance Dewase Death Aug. 14 19 58
	5. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 18. DATE OF BIRTH White WIDOWED DIVORCED NATION 29, 1922 9. AGE (In years 1 Funder 1 YEAR IF UNDER 24 HRS Months Poys Hours Min.
	100. USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY II. BIRTHPIACE (Stole or foreign country) Truck Driver
	13. FATHER'S NAME NOTE: MOTHER'S MAIDEN NAME Pearl Gladys Wells
	15 WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT R. F. D. #2 Yes World War 2 20 16 1962 Mrs. Vivian Dewease Williamsport Md.
	18. CAUSE OF DEATH [Enter only one couse per line for (0) (b), and (c)] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) ACUTE MYOCORCLIA TUATOR ONSET AND DEATH ONSET AND DEATH
	Conditions, if any, which gave rise to immediate couse (a), stating the under- lying couse lost. DUE TO DUE TO Conditions, if any, which gave rise to immediate couse (a), stating the under- lying couse lost. (c)
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES NO W
	200 ACCIDENT WAS UNDERLYING D 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port L or Port II of Item 18.) OR CONTRIBUTING D CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INDURY Month, Doy, Year Not Male of work
	21. I certify that I attended the deceased from July 31. 1958, to Aug 14, 1958, that I last saw the deceased alive on 1258, and that death accurred at 112 M, from the causes and an the date stated above ADDRESS (Street, city or town, state) ACTUAL ACTUAL DATE SIGNED
1	PHYSICIAN'S Williams Di
	200. BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole)
	Durial Aug. 18-58 Greenlawn Cemetery Williamsport Haryland 23 EUROGRACOPRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE AUG 1 9 '58 O Ling S. Thomas
	Court of the contraction of the local party of the



be executed

requires that the

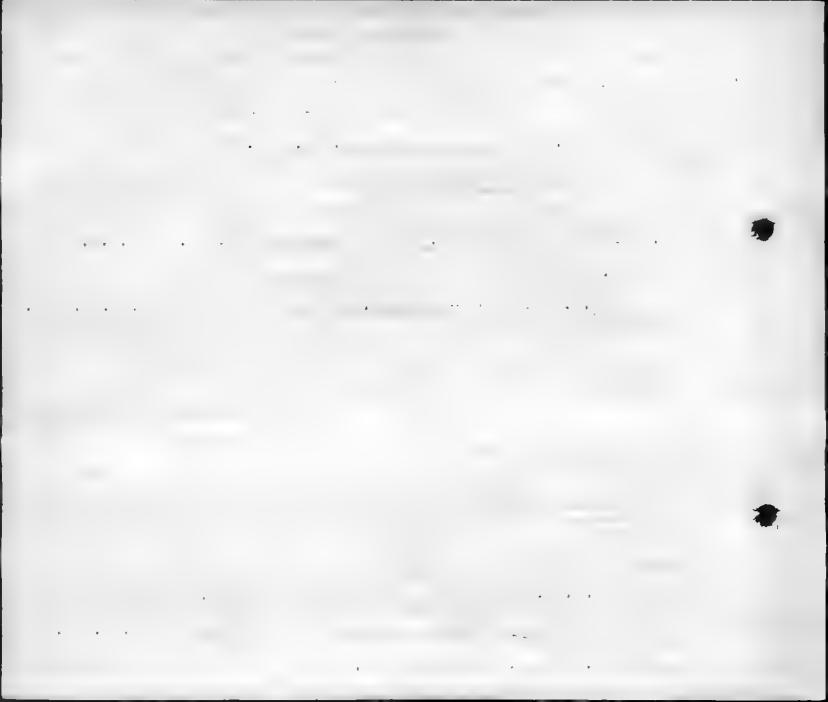
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



moy be retained by the tospital or otherwing physician. TO FUNERAL DIRECTOR: Affer, this certificate has been signed by the attending physician and completely filled in by the funeral direction page 3 should be detached. Use as the buriot-rand permit. Then please remove carbon ets. Pages I and 2 shauld be filled with the registrar prior to buriot, a femalian, or removal, and in any event within 72 hours after detached.		ly filled in by the funeral director	ages I and 2 should be filed with	(
may be retained by the tospital or alreading physician TO FUNEAL DISCLOR: After, this certificate has been signe page 3 should be detached use as the burial-framit per the registrar prior to burial programment of the registrar prior to burial programment of the programment of th		d by the attending physician and camplete	mit. Then please remove carbon ers. I	any event within 72 hours after de-
TO FUNERAL DIRECTOR: / page 3 should be detach the registrar prior to buri	espiral or altending physician.	After this certificate has been signed	use as the burial-transit perr	an emotion, or remaval, and in c
	may be retained by the n	TO FUNERAL DIRECTOR: A	page 3 should be detache	the registrar prior to burit

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4

											Keg. U	ist. No	4	
	PLACE OF DEATH a. COUNTY Wa	shington			MARYLAND	2 USUAL RESII 6. STATE Mary		ere decease		YINUO	ash1			ion)
	RURAL and give ne		ts, write		OF STAY IN 16	c. CITY OR 1				write RL	URAL ond	giva ne	arest fow	1)
	OR INSTITUTION	AL (If not in hospitol, g		ddress)	days	Ad. STREET A	L- Bo		oro Lena				o, IS RES	IDENCE FARM?
3.	NAME OF DECEASED (Type or print)	fir Huber	3†		Middle ulder	los	1	4. DATE OF DEATH		Mont		7	y	Yeor 19 5
	sex male	6. COLOR OR RACE White	WIDOWED	0 0	DIVORCED 🔲	8. DATE OF BIRTI	11,	1893	9, AGE (In lost birt 64		IF UNDE Months	R 1 YEAR Doys		
Oo	during most of worl Ret. Fai	ON (Give kind of work ing life, even if retired THOP))		n. Far		ACE (Slote o	-		d.	12. C	J.S.		COUN
3	Joshua W	. Faulde:	r			14, MOTHER'S	maiden na nna T							
	Yes	R IN U. S. ARMED FOR	CF\$? 16. 50 L 218			informant rs.Alta	Faul	der.	Boo	Addr ns'b	oro.	Rt.	#2.	M
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	use per line			1 Obs	tro	cti	01		0 1	INT	ERVAL BI	
CATION	PART 1. DEA 153.5 Conditions, if a gove rise to it cause (o), stating lying cause lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO ny, which mmediate DUE TO	Ade	100 C	ond (c).]	1 Obs	THE TERMIN	Se	9Mo	ıd	Colo	INT ON:	19. WAS	PAUTOPS IRMED?
L CERTIFICATION	PART 1. DEA / 5 3. 3 Conditions, if o gove rise to it cause (o), stoling lying cause lost. PART II. OTH 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO ny, which mediate the under: [c]	Ade	no C	ond (c).] Tina ORC TO DEATH BU	1 Obs		Se S	E CONDITI	1 d	Colo	INT ON:	19. WAS	R
MEDICAL CERTIFICATION	PART 1. DEA / 5 3. 3 Conditions, if o gove rise to it cause (o), stoling lying cause lost. PART II. OTH 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO ny, which mediate the <u>under:</u> CER SIGNIFICANT CON SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	ADE DITIONS CO 20b. DESCI	no C	G TO DEATH BU	1 Obs	f injury in P	NAL DISEAS	E CONDITI	1 d		INT ON:	19. WAS	RAUTOPS IRMED?
CERTIF	PART 1. DEA Conditions, if o gove rise to it cause (o), stoling lying cause lost. PART II. OTP 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR Hour e. m. p. m.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO TO THE SIGNIFICANT CON SUNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Doy, Ye	20b. DESCI or 20d. IN. While of work	PRIBE HOW IN Not work of Fram.	G TO DEATH 8U NJURY OCCURR RRED 20e. P	Theta Th	Home, form, bldg., etc.)	NAL DISEAS PORT I OF PORT 20f. (Cit) M., from ADDRESS (S	E CONDITI	ON GIVI	Sthat I	(County)	IP, WAS PERFC YES D W	AUTOP- IRMED? NO [



09546

	9	581		CERTI	FICA	ATE OF	DEATH			Reg. Di	st. No.		
4-5-4		ashington		MARY		o. STATE	yland		d lived. If institut b. COUNTY W.A.	shing	te	A	
1	RURAL ond give ne	eeck		65 YRS			ural	,	rote limits, write i			e, IS RES	
	OR INSTITUTION 3. NAME OF	Home Fig.		Middle		/		4. DATE		-4		YES T	NO [
ı	DECEASED (Type or print)	Jeh		Edv	ard		owers	OF DEATH	Moi 8	riti	500		19 58
l	5. SEX	6 COLOR OR RACE	-	NEVER MARRI		B. DATE OF BIR			9. AGE IIn years	IF UNDER	I YEAR		
ł	M	W	WIDOWED [DIVORCE		3-1-18	77		lost birthdoy) 81 yrs	Months	90/1	Hours	Min
	100 USUAL OCCUPATIO during most of work Farm	ing life, even it retired		D OF BUSINESS O			LACE (Stole C		Penna.	12, CIT	U.S		COUNTRY
ľ	13. FATHER'S NAME		1	- Table of an analysis			S MAIDEN N		1 Calmer			<u> </u>	1
ł	Will	iam Flowe	rs			Rac	hel R	RESE	Dick				
I	15. WAS DECEASED EVER	IN U. S. ARMED FOR		CIAL SECURITY NO	17. 11	VFORMANT			Add	lear			
	Ne				Je	anie B	rady	Rura	l 1 Han	cock	Md		
I		TH [Enter only one co	use per line to	or (a), (b), and (c)]		Q	1		0	INTE	RVAL BE	TWEEN
ł	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE TO		vers	10	ma	M	210	mac	for		. , , , , , ,	
I	1317	DUE TO					//						
	Conditions, if or)			(
	couse (o), stoling t tying couse lost.			·									
	PART IT OTH	ER SIGNIFICANT CON	ATTIONS FON	TRIBUTING TO DE	ATH BUT	NOT RELATED TO	O THE TERMIN	NAL DISEAS	TONDINON GI	VEN UN PAR	T 1(a) 1	PERFO	AUTOPSY RMED?
	20g. ACCIDENT WA	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	206 DESCRIB	E HOW INJURY O	CCURRE	(Enler nature	of injury in P	ort I or Por	I II of item 18.)				NO LAL
			1		00 01			Tana a	1				
	20c. TIME OF INJURY Hour o.m. p. m.	Month, Doy, Yes	While of work	Not white of work	foc	ACE OF INJURY tory, street, affice	(Home, farm, ce bldg , etc)	20f. {City	or town)		County)		(State)
ı	21. I certify the	at I attended the	deceosed	from, 2-2	8	19.57	2. 10	7 - 2	19.5	Shat I	last sa	w the	decease
ı	alive on	1-28	196	2_, and that	death	occurred of		M, fron	n the causes	and on the	he dat	e ștate	ed abave
	ACTUAL SIGNATURE	Herry	1-R	Tuch	in	26	Ruk	DORESS (SI	reet, city or town.	stole)	W/	2 8	TE SIGNE
	PHYSICIAN'S NAME (Type)	terbe	nt	R. 700	Dia	(S	() I		/				
f	220 BURIAL, CREMATION REMOVAL (Specify)			C. NAME OF CEM	TERY O	C.E.U.Cu.		22d. LOCA	TION (City, lown,	or county)		(510)) Md
	Burial	8.8.58		Mt 011v	et :	Presby	teria	n Ruz	cal Han	cock	Was	hin	eten
	23 FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			24a REC'E		UL 84 1561	STRATE'S SIG	SNATUR	Eg/	
	Howare	CF the	Dec.	Hano	100	1 mol	AUU	14	flet	hurz	1.	Tra	uch

VS A15 (4) 15M 9/55



Reg. Dist. No.303

1. PLACE OF DEATH o. COUNTY,					2 USUAL RESIDEN	NCE (Where	e deceased			ce before a	lmission)
shing	ton		MARI	FLAND	Maryla	ind		LE COUNT	dingto	on	
b. CITY OR TOWN (I RURAL and give no	f outside corporate limitarest town?	Is, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TO	WN (If outs	side corpore	ote limits, write	RURAL and	give nearest	town)
Наде	erstown		3 Yrs			gerst					
d. NAME OF HOSPIT	AL (If not in hospital, g	ive street	oddress)		d. STREET ADD	RESS 8	25 De	wey Ave		e. IS	RESIDENCE IN A FARM?
	Nursing				GATAC	Aak/}	LUY BI	ng/Høl	(A)		S NO 🔯
J. NAME OF DECEASED	Fir	al .	Middle		Lost		DATE OF	M	onth	Doy	Yeor
(Type or print)	MARY		JANE		GEORGE	3	OF DEATH	Augus		1958	19
5. SEX	6. COLOR OR RACE	7. MARR	TED NEVER MARRI	ED 🔲	B. DATE OF BIRTH		1	P. AGE (In year los) birthday)	FUNDER		INDER 24 HRS
Female	Whi te	WIDOWE	DIVORCE		August	27]	1866	91 %	Months:	Days Ho	ors Min.
10a USUAL OCCUPATIO	ON (Give kind of work	done 10b.	KIND OF BUSINESS C	OR INDU	STRY 11. BIRTHPLAC	E (State or	foreign cou	untry) 📆	V 312 CIT	IZEN OF W	HAT COUNTRY?
Housewif			Own Home		Headsvi	llle	Line	ral Co		U	. S. A.
13. FATHER'S NAME					14. MOTHER'S M.	AIDEN NA	ME				
Edwar	d Bailey				Lary	v E.	Leat	herman	n		
15. WAS DECEASED EVE			SOCIAL SECURITY NO), 17, 1	NFORMANT	<i></i>			Idress		
No	(if yet, give wor or object or i	877-007	None	F	lush S. (Georg	ge 88	88 Pres	ston 1	Rd	
18. CAUSE OF DEA	TH [Enter only one co	use per lir	ne far (a), (b), and (c)	-]	hase	rstov	an 140	1.		INTERVA	L BETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	Cer	ebral thr	comb	osis					Ind	efinite
332 X	DUE TO										
Conditions, if or	ny, which)	Cere	ebral art	eri	oscleros	sis				Ind	efinite
gave rise la in	mmediate (DUE TO										
lying cause last.	ine under-	1									
PART H. OTH	IER SIGNIFICANT CON										
है। Periphe	ral vascu	ılar	disease	of	lower ex	trem	ity	with g	angre	ne ye	RFORMED?
PART II. OTH Periphe 200. ACCIDENT WA OR CONTRIBUTING IIF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	CCURRE	D. (Enter noture of in	njury in Par	rt I or Port	H of item 18.)			
	Y Manth, Day, Ye	or 20d It	NJURY OCCURRED	20e. PL	ACE OF INJURY (Ho	me, form,	20f (City	or lown)	(0	County)	(Stote)
Hour a.m.	19	White at world	Not while	fo	ctory, street, office bl	ldg., elc.)					
	at I attended the				10 49	4- A12	g. I	9 10	8 4 - 6 1		he deceased
alive on_AU		1958			occurred at 1	•55P	24	AL	rnar I I	iast sam i	ne deceasea
Office Off TANA		, 1823	ond that	death	occorred of 3			tne causes eet, city or tow		ne date s	rated above. DATE SIGNED
ACTUAL	18151	leven	-		M.D. 148 W					8/2	
SIGNATURE	,	<u> </u>			W.D	1 <u>esu</u>	MSPII	1112 001	1 20.	0/2	0/20
PHYSICIAN'S NAME (Type)	B. B. Kne	eisle	ev. M.D.		Hager	stow	n. M	arylar	ıd		
220 BURIAL, CREMATIO			22c. NAME OF CEM	ETERY O				ON (City, town			(Stote)
REMOVAL (Specify) Burial	8/22/58		Rose Hi		Cemeterv					~	(0.0.0)
23 FUNERAL DIRECTOR			ADDRESS	-				AR 24b. REC		CNATURE	
Andrew K.	Cofiman	Haz	erstown	Lus	٦ .	ATE AL	JG 2 5	59	Cuthung.		ė.

may be retained by the haspital or attending physician.

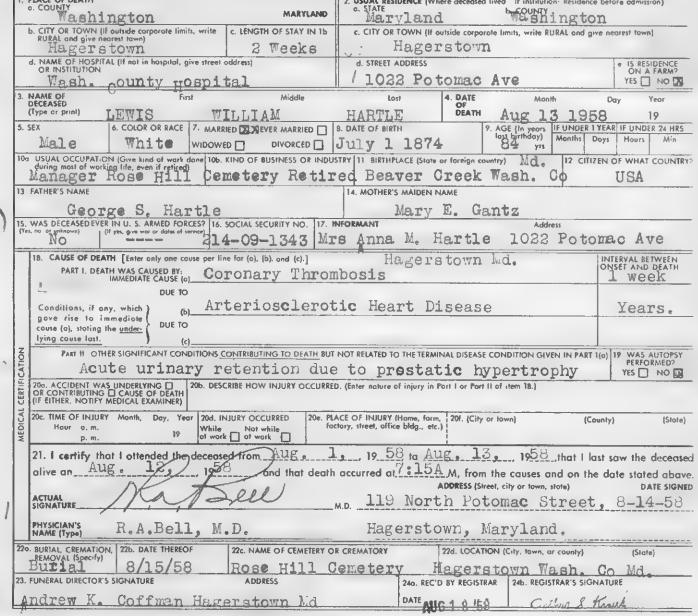
TO FUNERAL DIRECTOR: After his certificate has been signed by the attending physician and completely fitted in by the funeral director, page 3 shauld be detached use as the burial-transit permit. Then please remaye carbon is. Pages 1 and 2 shauld be filed with the registrar prior to burial, whematian, ar remayal, and in any event within 72 figures after detached. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 9/55





1. PLACE OF DEATH

MARYLAND S		ENT OF HEALTH		TIMORE, 1	Reg. Dist. N	09549)
nington	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Maryland					
N (If outside corporate limits, write c. e nearest tawn) CSTOWN	LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or Hager		rote limits, write R		earest town)	
SPITAL (If not in hospital, give street odd NON TOBO 1 to		d. STREET ADDRESS	omac	Ave		e IS RESIDENCE ON A FARM YES NO	2
LEWIS WIL	Middle LIAM	HARTLE	4. DATE OF DEATH	Aug 1	* 1958	Pay Year	
		8. DATE OF BIRTH July 1 1874				R IF UNDER 24 H	_
ATION (Give kind of wark done 10b. KIN working life, even if retired) C ROSS HILL CEME	tery Retir			Wash.	12 CITIZEN	USA	ITRY?
		14. MOTHER'S MAIDEN N	AME				
orge S. Hartle		Mary	E. G	antz			
(If yes, give wor or dates of service)	09-1343 MI	nformant 's Anna M. H	artl	Adda 2 1022	Potome	ac Ave	
		+ 1		1 2			



VS A15 (4) 15M 10/57



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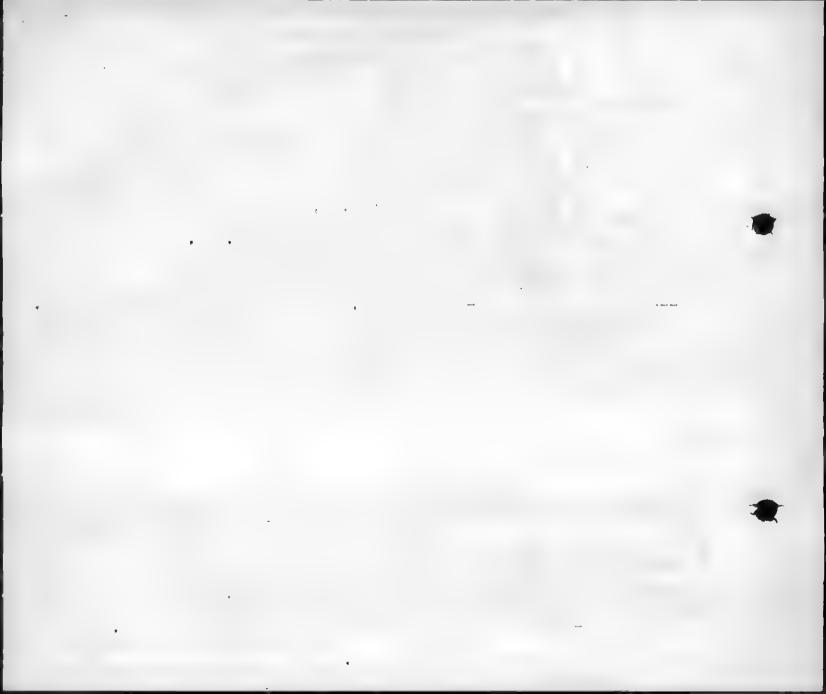
										9		
1. PLACE OF DEATH COUNTWE Sh	ington		,	MARYLAND	2	STATE	oence (Whan	ere deceased d	lived. If instituti b. COUNTY		hine	
b CITY OR TOWN (II	outside corporale limit orest town) OWN	, write	45 ye	STAY IN 16				st OWI	ote limits, write R	URAL and gi	ve nearest	town)
d NAME OF HOSPIT	AL (If not in hospitol, go Bryan Pla	ce	address)			d STREET A		an P	Lace			S RESIDENCE ON A FARM? ES NO
3. NAME OF DECEASED (Type or print)	William		Scott		lot	chkis		4. DATE OF DEATH	Augus	th 2	8 Doy	Yeor 19 58
s sex Male		WIDOWE	DIV	ORCED 🗌	De		, 189	1	9 AGE (In years lost birthday) 6 yrs.			UNDER 24 HRS ours Min
USUAL OCCUPATION during most of work	N (Give kind of work d ing life, even if retired) her	one 10b.	kind of s ysin Furnitu	ess or indu		Elk	Gard	en W	ve Va	12 CITIZ	EN OF W	VHAT COUNTRY
13. FATHER'S NAME					14	. MOTHER'S						
	s Hotchki						Agnes	Scot				
75 WAS DECEASED EVER (Yes, no. or unknown)	IN U.S. ARMED FORC	nvice)	50CIAL SECURIT				Llie	Hotel	nkiss H		town	n Md.
	TH [Enter only one court WAS CAUSED 8Y- IMMEDIATE CAUSE (o) DUE TO	se per lin	3 + 04 C	4109	eu	115	CA	Rein	SOMA			AL BETWEEN AND DEATH
gove rise to in cause (a), stating t lying cause last,	nmediate (DUE TO											
CATR	ER SIGNIFICANT COND	ITIONS C	ONTRIBUTING TO	O DEATH 8U	TNOT	RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	'EN IN PART	P	WAS AUTOPSY PERFORMED?
	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20ь. DESC	CRIBE HOW INJU	IRY OCCURRE	D (En	ter nature a	finjury in P	ari I or Pari	II of item 18)			
20c TIME OF INJURY Hour a.m. p.m.	Month, Day, Year	While at work	UURY OCCURRED Not while at work		LACE C	OF INJURY (I street, office	Home, form, bldg., etc.	20f. (City	or town)	(Co	ounty)	(Stote)
21. I certify the	at I attended the	decease	d fram3-23	-58		, 19	, ta8	3 -28 -58	3, 19	_,that la	ist saw	the deceased
alive an 8-					1 000	urred at	4 P.	_M, from	the causes o	ind an the	a date :	stated above
ACTUAL SIGNATURE	aul Ha	wes	مس		M.D.	318		otomac	St.	state)		PATE SIGNED
PHYSICIAN'S NAME (Type)	Paul Harris	on,	M. D.					m, Md				
220. BURIAL, CREMATION PEMOVAL (Specify) EUT 181	8-30-58		22c NAME OF ROSE						on (City, town, ogerstow,			(State)
23. FUNERAL DIRECTOR'S			ADDRESS				240. REC'D	BY REGISTR	758 245 REGIS		YATURE	44
Minnich F	uneral Ho	me	Hagers	town	1/5	d.	DATE	SEP 2	20	Connect 7	may 1 statement	

pletely filled in by the funeral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be relained by the hospital or attending physician.

TO FUNSRAL DIRECTOR: After this certificate has been signed by the attending physician and page 3 should be detached use as the burial-transit permit. Then please remove carbon pine registrar prior to burial, refination, or removal, and in any event within 72 hours after de

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VS A15 (4) 15M 10/57 il



ADDRESS

Clearspring, Md.

VS. A15ME(5) 5M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

John F. Clark

24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE AUG 2 5 '58

. IS RESIDENCE ON A FARM?

YES NO TH

19 58

Day

INTERVAL BETWEEN ONSET AND DEATH

30hrs

June 15 '58

PERFORMED? YES A

Md .

and find that

DATE SIGNED

(State)

Md.

NO F

(Stote)

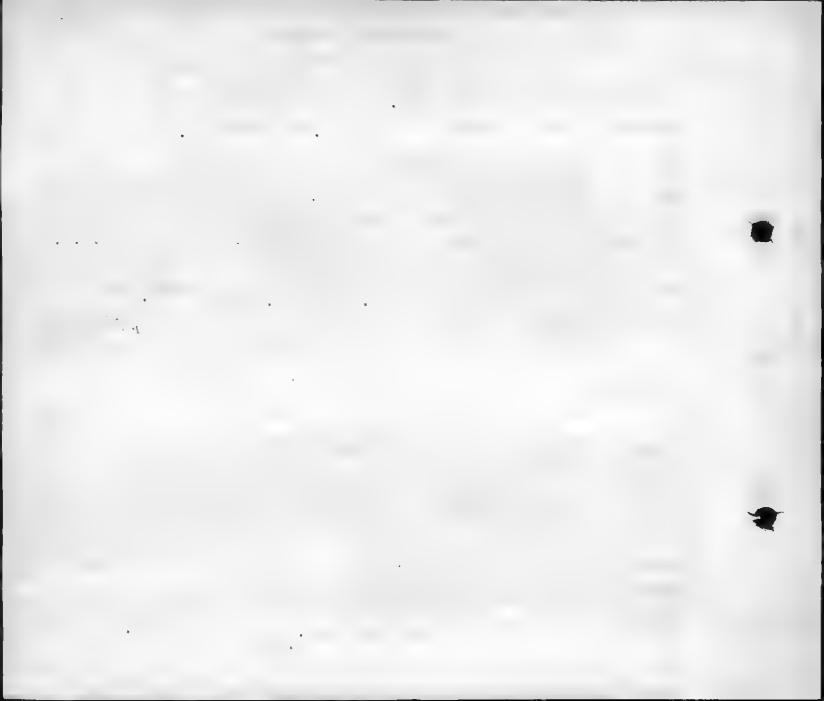




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HOSPITAL OR





ony Conditions, if ony, which gove rise to immediate coese (a), stating the underoug lying couse lost. CERTIFICATION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY Hour o. m. p. m.

o. COUNTY

NAME OF

5. SEX

(Type or print)

No

ACTUAL SIGNATURE

220. SURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify)

PHYSICIAN'S NAME (Type)

22c. NAME OF CEMETERY OR CREMATORY Bethel Church Cemetery

22d. LOCATION (City, lown, or county) Smithsburg ADDRESS 1601 Penna. Ave 240. REC'D BY REGISTRAR

DATE AUG 1 8 '58

24b. REGISTRAR'S SIGNATURE

23 FUNERAL DIRECTOR'S SIGNATURE Rest Haven Funeral Chapel Inc.

Horst

Hagerstown Md.

(Stole)

Md.

2 VS A15 (4) 15M 9/S5

FUNERAL DIR

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hospital

director

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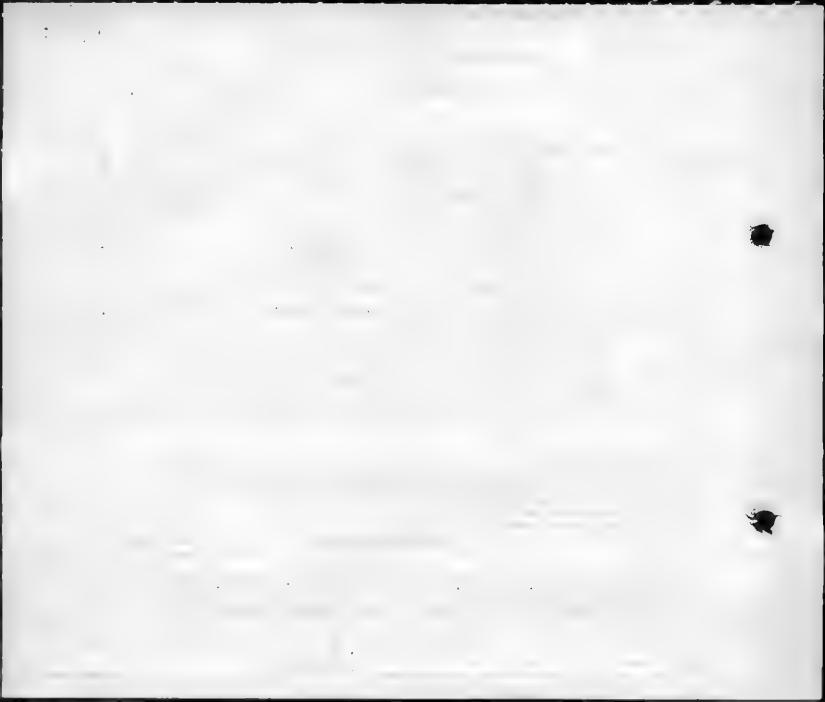
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1195569557 **CERTIFICATE OF DEATH** Reg. Dist. No. director, iled with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) · COUNTY fled b. COUNTY MARYLAND funerol b. CITY OR TOWN (if straide corporate limits, write BURA) and give nedicast lown) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give netrest lown) should alistour d. NAME OF HOSP TAL (If not in hospital, give street oddress) OR/INST TULION A d STREET ADDRESS IS RESIDENCE ON A FARM? GORA YES | NO | filled in 3. NAME OF Middle 4. DATE Doy Month Yeor DECEASED (Type or print) DEATH PLALD 19 5 8 P. AGE (In years lost birthday) S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED N 8. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS Months WIDOWED | EIVORCED [100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRT PLACE (Slote or foreign couply) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) carbon ; 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME remove IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT D_G CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] INTERVAL BETWEEN Willsols + A ONSET AND DEATH PART ! DEATH WAS CAUSED BY Pneumonia days IMMEDIATE CAUSE (o) Prematurity days DUE TO Fremature labor. Conditions, if ony, which gove rise to immediate **DUE TO** cause (o), stoling the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19, WAS AUTOPS PERFORMED? YES NO TE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, | 20f. (City or lown) (County) (State) factory, street, office bldg., etc 1 Hour o. m. While Not while at work of work D. M. 19.58___, and that death accurred at 4:00 pM, from the causes and an the date stated above. olive on Aug FUNERAL DIRECTOR: ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL M.D. 119 E Antietam St. SIGNATURE / 3 should PHYSICIAN'S Louis G. Graff. M.D. NAME (Type) Hagerstown. Md 22g-BUR AL, CREMATION, 226 DATE THEREOF 22CANAME OF CEMETERY/OR CREMATORY 22d LOCATION (C ty town, or county) (Stole) EMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRES 24a, REC'D IY REĞISTRAR 24b REGISTRAR'S SIGNATURE VS A15 (4) Circhin & Frank 1SM 10/57 203 XV

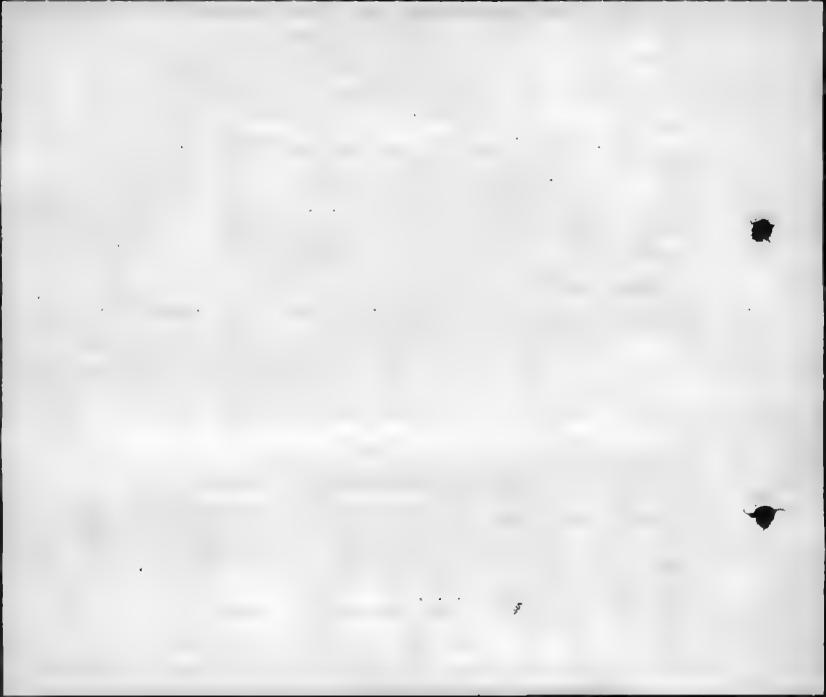


MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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	CERTIFICATE	OF	DEATH		Reg. Dist

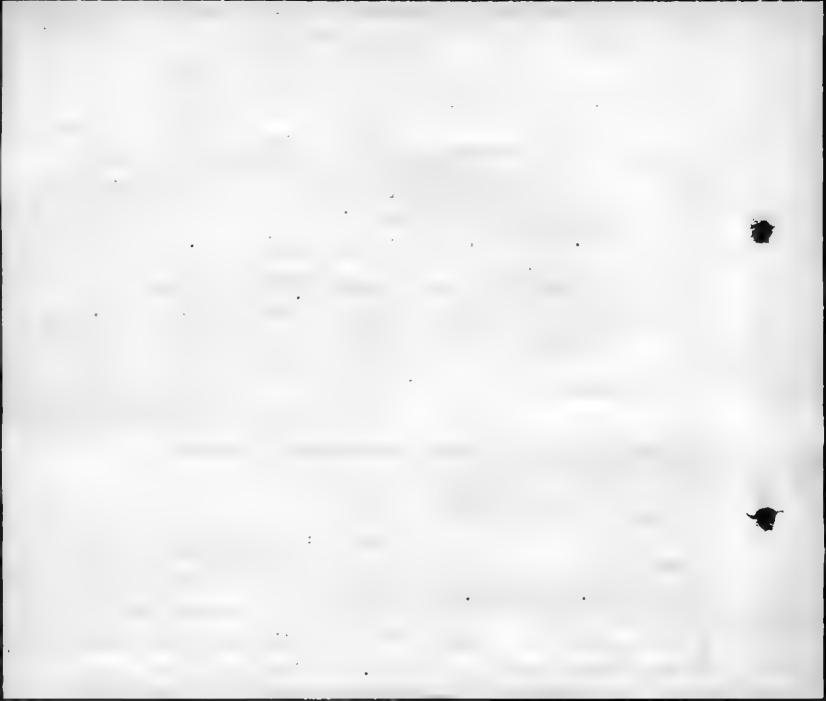
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1. PLACE OF DEATH 0. COUNTY	Washington		MARYLAND	2 Us	STATE Maryla		lived. If institution b. COUNTY 1	Washir	before admission) agton
RURAL and give n	If outside corporate limi earest town) ONSTOWN	ls, write	c. LENGTH OF STAY IN 16	c,	CITY OR TOWN (IF o		ole limits, write RU	RAL and giv	e nearest town]
OR INSTITUTION	S. Prospect			d	STREET ADDRESS	Prospe	ct St.		e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	McKIN		Middle	LON	Loss GWORTH	4. DATE OF DEATH	Month Augus		Day Year 25 19 58
s. sex Male	White	WIDOWI		N	ov.27,1897		last birthday) 61 yrs.		YEAR IF UNDER 24 HRS oys Hours Min.
during most of wor Salesi	ON (Give kind of work king life, even if retired NBN)	done 10b.	KIND OF BUSINESS OR IND	USTRY 1	Winston S	or foreign cou Salem, N	intry)		S.A.
13. FATHER'S NAME	Not Known			14	MOTHER'S MAIDEN N				
IS. WAS DECEASED EVE IYes. no. or unknown) NO	R IN U. S. ARMED FOR	ervice)		INFORM			Addre 2 S.Prosj	nage	erstown, Md.
Conditions, if a gove rise to i cotse (a), sloting	mmediate ()	Congette	i fo	a the	6 8 C	anterio	sclant	INTERVAL BETWEEN ONSET AND DEATH
lying couse last. PART II. OTI	HER SIGNIFICANT CON		CONTRIBUTING TO DEATH BU	T NOT R	ELATED TO THE TERMI	NAL DISEASE	CONDITION GIVE	N IN PART T	(o) 19. WAS AUTOPSY PERFORMED? YES NO
20a, ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED (Ente	r noture of injury in f	Port I or Port	l of item 18.)		- 0
20c. TIME OF INJUR Hour g. m. p. m.	Y Month, Day, Ye	20d. If While of work	Not while f	PLACE OF octory, st	INJURY (Home, form reel, office bldg., etc.	20f. (City (or town)	(Co	unty) (State
21. I certify the alive an	nat I attended the	decease , 19				_M, fram		d an the	st saw the decease date stated above DATE SIGN
PHYSICIAN'S NAME (Type)			,			,			
220 BURIAL, CREMATIC REMOVAL (Specify) BUTLA! 23. FUNERAL DIRECTOR	8/27/5	8	Rest Haven	Cem	etery	Hage:		RAR'S SIGN	
Rest Haven]	Funeral Cha	pel]	[■c. Hagersto			UG 2 7 '5	8 Cn	thun S.	Trave
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RURAL and give no	arest town)	s, write c		1b c.)
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Male	White	WIDOWED	DIVORCED [Oct	.15,1878	3	AGE (In years last birthday) 79 yrs	IF UNDER IT		Min,
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. WAS DECEASED EVE	R IN U. S. ARMED FORCE	rvice)	MT		Mrs. I	3eulah	Mille		In	
Conditions, if an gave rise to it	DUE TO sy, which (b)	Cin	Mulion)	02	9	12 700	SINO	~, ·		(194)
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	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY OCC	JRRED. (Enler	nature of injury in	Part I ar Part I	l of item 18.)			
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21. I certify the alive on	at 1 attended the	deceased 12		eath occur			the causes o	ind on the	date state	
PHYSICIAN'S C	. E. Prui	tt, M	D., Bru	nswi	k, Mary	land				
REMOVAL (Specify)	9/1/58								(Stote	-,
CINEDAL DIRECTOR	CARALARIAN C									
	PLACE OF DEATH a. COUNTY Wa b. CITY OR TOWN WA county or Town Wa county or Town Wa d. NAME OF HOSPIT, OR INSTITUTION NAME OF DECEASED (Type or print) SEX Male b. USUAL OCCUPATION during most of work Farmer (b. FATHER'S NAME JOHN WI S. FATHER'S NAME JOHN WI S. CAUSE OF DEAT PART II. DEAT PART II. DEAT PART II. OTH COUSE (a), stating it lying cause lost. PART II. OTH 20c. TIME OF INJURY HOUT C. 51. P. m. 21. I certify the alive on ACTUAL SIGNATURE PHYSICIAN'S C. REMOVAL (Specify) BUT 1 a 1	D. COUNTY Washington b. CITY OR TOWN (If outside corporate limit RURAL and give nearest fown) Pleasantville d. NAME OF HOSPITAL (If not in hospitol, give institution) Residence NAME OF DECEASED Type or print) SEX 6. COLOR OR RACE Male Ob. USUAL OCCUPATION (Give kind of work of during most of working life, even if retired) Farmer (Ret.) FATHER'S NAME John William Mi WAS DECEASED EVER IN U. S. ARMED FOR (If yes, give wor or defict of we No 18. CAUSE OF DEATH [Enter only one cause and the cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONE 20. ACCIDENT WAS UNDERLYING [In or controlling cause last. PART II. OTHER SIGNIFICANT CONE 20. ACCIDENT WAS UNDERLYING [In or controlling cause last. PART II. OTHER SIGNIFICANT CONE 20. TIME OF INJURY Manith, Day, Year Hour a. 31. p. m. 21. I certify that I attended the alive on ACTUAL SIGNATURE PHYSICIAN'S C. E. Prui 22b. DATE THEREOR REMOVAL (Specify) BUT 12 1	PLACE OF DEATH a. COUNTY Washington b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest farm) Pleasantville d. NAME OF HOSPITAL (If not in hospitol, give street ad OR this titution Residence NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE 7. MARRIED (Type or print) SEX 6. COLOR OR RACE 7. MARRIED (Type or print) SEX 6. COLOR OR RACE 7. MARRIED (Type or print) SEX 6. COLOR OR RACE 7. MARRIED (Type or print) SEX 6. COLOR OR RACE 7. MARRIED (Type or print) SEX 6. COLOR OR RACE 7. 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Farmer Whome None Is. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a); so of the course of the course of the course (a), stating the under lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH Conditions, if any, which gave rise to immediate cause of DEATH (IF EITHER, NOTHER MASH) 200. ACCIDENT WAS UNDERLYING DOUBLE TO While of work of the work	PLACE OF DEATH a. COUNTY Washington b. CITY OR TOWN (if outside corporate limits, write RURAL and give interest form) PLACE SAID (If outside corporate limits, write RURAL and give interest form) PLACE SAID (If outside corporate limits, write RURAL and give interest form) PLACE SAID (If outside corporate limits, write RURAL and give interest form) PLACE SAID (If outside corporate and state of the state of	PEACE OF DEATH O. COUNTY Washington MARYLAND D. CITY OR TOVNN (If outside corporate limits, write gurst and give necessity atom) Pleasantville C. 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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

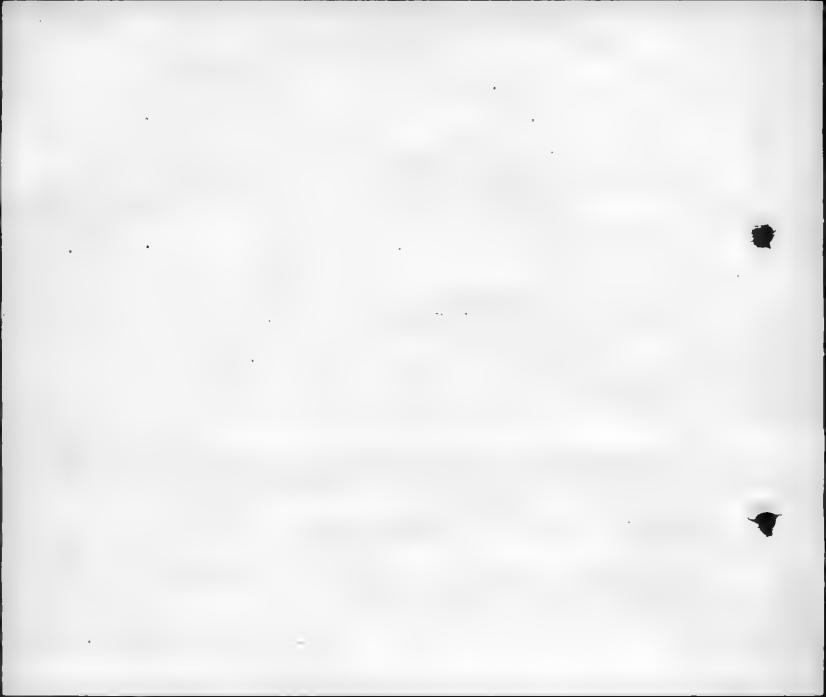
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CERTIFICATE OF DEATH 9583 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND V_{c} ASHIPGTON WASHINGTON CITY OR TOWN (If outside corporate limits, write E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) SPRING. d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION CLEAR M). YES NO! NAME OF First Middle 4. DATE Month DECEASED AUGUST 58 (Type or print) DEATH 10 6. COLOR OR RACE 7 MARRIED TO NEVER MARRIED IF UNDER TYEAR IF UNDER 24 HRS. 8 DATE OF BIRTH 9. AGE (In years lost birthday) Months Hours WIDOWED | DIVORCED [TALE 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired) STRLTCH SPRING. PRESS13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME RARRARA ELLEN CCARTY JOSEPH 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (If yes, give wor or dotes of service) 18. CAUSE OF DEATH | Enter only one couse per line INTERVAL BETWEEN ONSET_AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** cause (a), staling the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED? YES I NO I 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part II or Part III of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Day. 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc. o. m. Not while of work of work p. m. 2. 195 Shat I lost saw the deceased 21. I certify that I attended the deceased from and that death occurred at 7.50 LM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATUR PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 246-REGISTRAR'S SIGNATURE

DATE AUG 6

agod 0 **VS A1S (4)** 15M 10/57

FUNER



L		-				Reg. Dist	ł. No.
1.	PLACE OF DEATH WA	SHINGTON	MARYLAND	2 USUAL RESIDENCE (WE O STATE MARY	LAND b.	If institution, Residence COUNTY WASH	e before odmission) INGTON
	HAGERST		32 YRS.	c. CITY OR TOWN (IF A	utside corporate limit HAGEF	RSTOWN	ve negrest town)
1	OPDNIHIEA W	N COUNTY HOS	PTTAL	/ RT.#4PMAC	Jerstown		e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	SARAH First	ELLEN	MINER	4. DATE OF DEATH	august	Do 26 Year 58
	FEMALE	WHITE WIDOW		3/4/1886	7	The State of the S	YEAR IF UNDER 24 HRS. Days Hours Min
L	HÖÜSE	N (Give kind of work done 10b no life even if retired)	HOME	MARYLAN	or foreign country)		ZEN OF WHAT COUNTRY
13	SCOTT	T. MARTIN		MARY ELI	EN HOOVE	ER	
15		t yes, give war or dates of service)	SOCIAL SECURITY NO 17 12 12 12 12 12 12 12 12 12 12 12 12 12	MR. WALTE	R W. MINI	ER Addres RT#4	1 ERSTOWN MD.
TION	Conditions, if on gave rise to im couse (o), stating the lying couse lost.	y, which be under by DUE TO COLUMN (c) COLUM	Inutrition a nasopharynx-ymphoma				PERFORMED?
MEDICAL CERTIFICATION		Month, Day, Year 20d. While	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in (ACE OF INJURY (Home, form ctory, street, office bldg., etc.)	. 20f (City or town)		YES NO NO Ounty) (State)
722	21. I certify the alive an	1 I attended the decea 26	sed from 2/19 58 and that death	M.D.	M, from the c. ADDRESS (Street, city JOHN C. S	auses and on the or lown, stole) TAUFFER, M. ROSPECT ST	ast saw the deceased e date stated above DATE SIGNED
	BURIAL (Specify) BURIAL FUNERAL DIRECTOR'S	8/29/58	RINGOLD	CEM.	WASHI	NGTON CO.	. MD.
13	11/17/	ob en out	Haresoll	7 A. AL	D BY REGISTRAR 2	146. REGISTRAR'S SIGN	

III #OSTIAL OR ATTINETY # INTELIGIAN: The far mayines that the drash certificate be executed within 24 hours after death. Page 4 egapletely filled in by the funeral director. may be retained by the haspital or attending physician.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and page 3 shauld be detach.

I use as the burial-transit permit. Then please remove carbother registrar prior to burial. Temporal and in any event within 72 hauss-after a VS A15 (4) 15M 9/55

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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09562

	584		CERTIF	ICAT	E OF DEAT	Н		Reg. Dist. N	lo.	
1. PLACE OF DEATH a. COUNTY	ashington		MARYL		USUAL RESIDENCE (M. STATE Md.	there deceased liv	ed. If institution b. COUNTY		ofore odmission	,
RURAL and give ne	f outside carporate lime carest town) stown Route	_	c. LENGTH OF STAY IN	N 1b	E. CITY OR TOWN (IF	_	limits, write RUI	RAL and give n	nearest lawn)	
d. NAME OF HOSPIT OR INSTITUTION	At (If not in haspital, s		ddress)		d. STREET ADDRESS Leiters		oute 5		e. IS RESID ON A F YES	ARM?
3 NAME OF DECEASED (Type or print)	Fi Geo:		Middle Paul	N	ton linnich	4. DATE OF DEATH	Month 8	-	Doy Ye	58
s. sex male	6. COLOR OR RACE	7 MARRII	DIVORCED		oril 28, 19			Months Doys		24 HRS. Min.
100 USUAL OCCUPATIOn during most of work service st	ing life, even if retired)	IND OF BUSINESS OR Mills		Wash. C	o. Md.	(ער		OF WHAT C	
	eph Aaron l					_{name} ae Baker				
15. WAS DECEASED EVE (Yes. no. or unknown)	R IN U. S. ARMED FOI If yes, give war or dates of	ervice) L		ITS.	Charlotte	Painter	Addres Hagers	stown,	Md.	
	TH (Enter only one co TH WAS CAUSED BY- IMMEDIATE CAUSE (c			ncu	y Enelo	lus			NTERVAL BETV	DEATH
Canditians, if a gave rise to it cause (a), sloting	mmediale	Pe	ripheral	Va	y Enibo	Mesio.	cleve	rzis	240	7
PART II OTH) (I	,	ONTRIBUTING TO DEAT	TH BUT NO	T RELATED TO THE TERM	AINAL DISEASE CO	ONDITION GIVE	N IN PART 1(a)	19 WAS AU PERFORA YES	MED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCI	RIBE HOW INJURY OC	CURRED (Enter nature af injury in	Part I or Part II	of item 18)			
Y 20c TIME OF INJUR Hour a.m. p. m.	Y Manth, Day, Ye	While	Not while of work	PLACE factory	OF INJURY !Home, far r, street, affice bldg., et	m, 20f (City or c.)	lawn]	(Count	γJ	(State)
21. I certify the alive on	tault	decease 12_		death or	2, 19 58, to curred at 92 A 318 N. P	M, from 11 ADDRESS (Street otomac S	ne causes an , cily or fown, sh			
PHYSICIAN'S NAME (Type)	Paul Har					own, Md.				
270. BURIAL, CREMATIO REMOVAL (Specify) DUTIAL	8-17-58)F	22¢ NAME OF CEMET Beaver Cre				r Creek	county)	(State) Md.	
23. FUNERAL DIRECTOR			ADDRESS		24a. REC	D BY REGISTRA	24b REGIST	RAR'S SIGNAT	TURE	
Fred W. Kra	iss Hage	rstown	, MQ.		DATE	ALLS 1 R IS	8 0	71. 7 0 4	for and	



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O HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death. Page 4	may be retained by the haspital or attending physician.	D FUNERAL DIRECTOR: Affectivis certificate has been signed by the attending physician and completely filled in by the funeral director.	page 3 shauld be detach it use as the burial-transit permit. Then please remove carbon ers. Pages 1 and 2 shauld be filed with	the registrar prior to burial, remation, or remayal, and in any event within 72 hours after of
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 9561 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY WASHINGTON MARYLAND MARVI AND b. CITY OR TOWN (If autside corporate limits, write c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town MT. RAINIER HAGERSTOWN d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE ON A FARM 2705 ALLISON ST. MARYLAND STATE HOSPITAL WESTERN YES NO IA NAME OF Middle DECEASED ABE AUGUST (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Jast birthday) MALE DIVORCED T WIDOWED [100 USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
DELICATESSAN OWNER DELICATESSAN RUSSIA U.S.A. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME MALACH MUCHNIK ETHEL SIROTA. IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT MUCHNIK 2705 ALLISON ST. MT. RAINER MD. ARF 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) LOBULAR PNEUMONIA 161 INTESTINAL OBSTRUCTION Conditions, if ony, which gave rise to immediate DUE TO couse (o), stoling the under-(CARCINOMA OF SIGMOID COLON lying cause last. PERFORMED? METASTATIC CARCINOMA OF LIVER AND BLADDER YES NO 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a.m. Not while of work of work 19 58, to AUGUST 2, 1958, that I last saw the deceased 21. I certify that I attended the deceased from JUL 19-58, and that death accurred at 12.35 AM, from the couses and an the date stated above. ADDRESS (Street, city or town, stote) **DATE SIGNED** ACTUAL SIGNATURE MD 1500 PENN'S VLVAN eorge Berou HAGERSTOWN NAME (Type) (State) 246 REGISTRAR'S SIGNATURE DATE AUG 5



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9504 CERTIFICATE OF DEATH	9562	CERTIFICATE	OF	DEATH
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09564

		UUN								Reg. L	ZEST, IVE	,	
1. PLACE C	F DEATH	SHINGTON		MARYE	AND	2 USUAL RES	MARYI	AND	lived. If instituti b. COUNTY	WASE	IING	TON	ion)
b CITY (OR TOWN (III	autside carparate limi	ts, write	C. LENGTH OF STAYL	N 15	c. CITHOR	CERRET	M. M. Loo	rate limits, write R	URAL one	give ne	earest fawr	1)
WAS	HITHOUT	ON COUNT	Y Ho	SPITAL		d STREET	ADDRESS IRV	/IN A	VE.				FARM?
3. NAME C DECEASI (Type or	EĎ	MARY	31	SUBAN		MUH	RAY	4. DATE OF DEATH	AUGÜS	ት	Q.	ζ′	Year 58
5. SEX FEMA		6. COLOR OR RACE WHITE	WIDOW				5/1866		9. AGE (In years lost birthday)	Months Months		Haurs	Min.
HUU HUU	SEWIF	(Give kind of work of life, even if retired	done 10b.	HOME	R INDUST	RY II SIRTH	IRGII	or foreign co	ountry)	12. C		S.A	COUNTRY
13. FATHER WI		D. SPIK	ER			14 MOTHER MAF	S MAIDEN N	V. MI		717 a .T.	* ** 37.0	I TON	
15 WAS DE	CEASED EVER	IN U.S. ARMED FOR		NONE	17. INI M	RS. PA	AULINI	e Mer	EDIYH Add	WASI	D.	.C.	
gove couse lying 20a AC OR CO (IF EITH	litions, if an rise to implement to the course last. PART II. OTHE COLORNY WAS NTRIBUTING I TER. NOTIFY A	mediate DUE TO	DITIONS O	CONTRIBUTING TO DEAL CRIBE HOW INJURY OF	Jac gurred.	(Enler nature	of injury in I	Part or Part	Isolem 18.)	va	RT %(O)	YESY	AUTOPSY RMED?
21. I alive	on_3	it I attended the	While at wor	ed from 18 and that	Focto	d/	, to	BM, from	or town) 1958 The causes of reet, city or town, VE - HAGE	,that I ind on stale)	the do	aw the	ATE SIGNE
		226. DATE THEREO 8/5/5	F	22c. NAME OF CEME	tery or	CREMATORY.		22d. LOCAT	OKERTOV	Neounly)	1	VA (State	e)
23. FUNERA	J. M.		He	ADDRESS Agerslow	1/70_4	md	240. REC'I	D BY REGIST	158 246. REGI	n /	Buc	7	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 pletely filled in by the funeral director, ers. Pages 1 and 2 should be filed with may be retained by the haspital ar othending physician.

TO FUNERAL DIRECTOR: Affec, this certificate has been signed by the ottending physician ampage 3 should be detach.

To ruse as the burial transit permit. Then please remove carbot remation, or remayal, and in any event within 72 hours, after the registrar priar to burial VS A15 (4) 15M 9/55



VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 9563

09565 302

Reg. Dist. No.

The state of the s		The same of the sa			
T. PLACE OF DEATH			1	(Where deceased lived, If Institution Re	
Washi	ngton	MARYLAND	"Narylan	d Washfill to	n
b. CITY OR TOWN (faulside corporate limits, withe BURAL	E LENGTH OF STAY IN 16	c CITY OR TOWN ((If outside corporate limits, write RURAL	and give nearest lawn)
Hagers'		3 Yrs	Hagerst	own	
d NAME OF HOSPIT	TAL OR INSTITUTION (IF not in he	ospital, give street address)	d. STREET ADDRESS		E IS RES DENCE
	mmer St		/ 226 Su	nmer st	YES NO
3. NAME OF DECEASED	First FLC	Middle	Lost	4. DATE Month OF	Doy Year
(Type or print)	CHARLES		EEDY	P AGE (In years IFUNI	9 1958 19 DER TYEAR TE UNDER 24 HRS
5. SEX Male	White widowi	TED NEVER MARRIED 10.6.	Nov 7 189	lest birthday) Adonth	
10a. USUAL OCCUPATIO	ON (Give kind of work date 10b.		TY 11 BIRTHPLACE (Stor	Figure Tolo Co 12	CITIZEN OF WHAT COUNTRY?
doring most of notice	ng life, even fretired)	Invalid		ille Penna	USA
Painter 13. FATHER'S NAME		THACATTO	14. MOTHER'S MAIDEN		OOR
Aus.	les Needv			Buhrman	
The state of the s	VER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17. IN	FORMANT	Address	
Yes	(if yes, give war or dates of service)			leedy Waynesboro	Pa R # 4
	ATH (Enter only one couse per line		THE MERCHANT AND 30 Married to an arrange of the second	C victor street with	INTERVAL BETVICEN
	TH WAS CAUSED BY:		. 3		ONSET AND DEATH
1120.1	DUE TO	Acute Coronary	occinaton_		-
Conditions, if o	ANA Y				
gave rise to imme	diate couse				
(o), stating the	underlying (c)				
Z PART II, OTI		ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE CONDITION GIVEN IN	PART I(a) 19. WAS AUTOPSY
§	-	magranisman sameman same alle			YES NO 4
PART II, OTI	USE WAS NTRIBUTING [] 206 DESCRI	BE HOW INJURY OCCURRED (EX	dec nature of injury in Po	ort L or Part 11 of Hem 18)	
20c. TIME OF INJU	RY Month, Doy, Yeor 20d	INJURY OCCURRED 20e PLAC	E OF INJURY (Home, for	rm, 20f (City or lawn)	(County) (Stole)
Hour o.m.	None Is Whi	le Notwhile tacto	ry, street, office bldg., et None	(C.)	
**	hat I took charge of the			sy [] Inspection [X] Inc	viry . ond in my
	resulted from: Notural			Homicide . Undetermine	
ACTUAL SIGNATURE	Si Robert	nells	M.D. CHIEF MEDICAL I	EXAMINER [DATE SIGNED
EXAMINER'S NAME (Type)	S. Robe	ert Wells, M.D.	ASSISTANT MEDI-	CAL EXAMINER EXAMINER	8-29-58
270. BURIAL CREMAT C	ON, 226 DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	27d LOCATION (City, town, or count	ly) (Stote)
Burial		Green Hill (Demetery	Faynesboro Fra	nklin Co Pa
23. FUNERAL DIRECTOR		ADDRESS	24a. REC	C'D BY REGISTRAR 246 REGISTRAR'S	
Andrew K	. Coffnan Hag	erstown Ld.	DATE S	SEP 3 '58 Chilag	S. Trans



Waynesboro, Pa.

18M 10/57

09566

e. IS RESIDENCE

Hours

ONSET AND DEATH

PERFORMED? YES NO [7]

(State)

U.S.A.

Days

(County)

Orthur S. Thouse

DATE AUG 2 1 '58

ON A FARM?

YES TO NO!

Year

19 58



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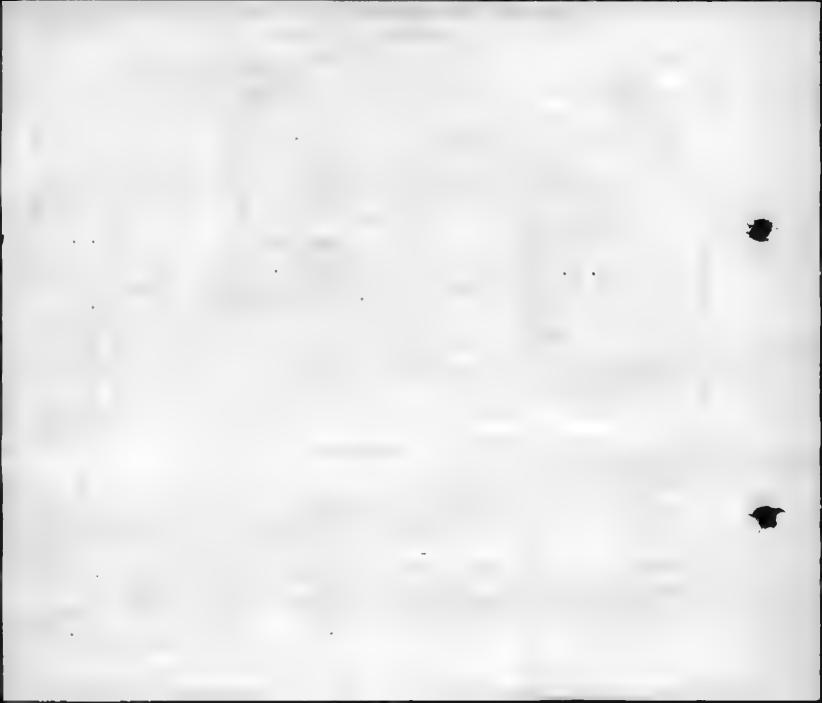
REPUBLIC OF DEATH C. COUNTY WASHINGTON MARYLAND D. CITLO TOWN WASHINGTON MARYLAND D. CITLO TOWN WASHINGTON MARYLAND C. CITLO TOWN WASHINGTON C. CITLO TOWN MARYLAND D. DATE OF TOWN MARYLAND AND TOWN WASHINGTON C. CITLO TOWN AND ATTENDATION AND TOWN WASHINGTON C. CITLO TO WASHINGTON C. CI			3364		CERTIF	ICA	E OF DEAL	Н		Reg. Dis	t. No.		
A STREET ADDRESS A STREET AD	1. P	COUNTY WA	SHINGTON		MARYLA	ND	STATE MARY	LAND	d lived. If institution 5. COUNTY	WASE	TING	TON	on)
3. NAME OF DECASED TO THE PROPERTY OF THE PROP	7.	CITY OF LOWIN	lf avlaide corporole lim	its, write		15	C. CITY OF TOWN O	TOWN	rote limits, write R	URAL and g	ive near	est fown)	
DECASED (Type of print) JEREMY LYNN PETERSON OF AMARCINE DATE OF BIRTH AUGUST 4 20 20 AGE (in, year life funder 1 year) AUGUST	C	NAME OF HOSPI	TAL (If not in hospital, GTON COUN	TY H	OSPITAL		916 ST.	CLAIR			ė.	IS RESID ON A P YES [PENCE ARM? NO [X]
190. USUAL OCCUPATION (Give kind of work done I does kind of work done	1 0	DECEASED	JEREMY		LYNN			4. DATE OF DEATH		Вт	4 Day		KΩ
during most of working life, even if refired INFANT 13. FATHER'S NAME DOUGLAS H. M. PETERSON 14. MOTHER'S MAIDEN NAME WANDA Y. HIMES 15. WAS DECEASEBEVER IN U. S. ARMED FORCES? 16. SOCA SECURITY NO NONE 16. NO without the property of the property o			6. COLOR OR RACE WHITE	·				4 58					Min
DOUGLAS H. M. PETERSON WANDA Y. HIMES 15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANY OF	L	during most of wor	rking life, even if retired)	KIND OF BUSINESS OR	INDUSTR	MARYLA	AND	ountry)				OUNTRY
Telegraph Conditions Foundation Control Conditions Conditi		DOUGLAS					WANDA Y				9		
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a), storing the under-type gouse lost. (b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART III. OTHER SIGNIFICANT III. III. III. III. III. III. III. I	15 \ (Ye),	NO unknown)		CES? 16.	NONE NO	17 INF	DOUGLAS	S PETE	RSON Add	•·HAG]			
Conditions, if ony, which gove rise to immediate couse (a), stoting the under tying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED YES DING OR CONTRIBUTING DIAGRAM SUNDERLYING DIAGRAM S			ATH WAS CAUSED BY:	7	the lice la	rio					INTER	VAL BET	WEEN DEATH 2
Couse (e), stoting the under lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED YES ON O		Conditions, if	ony, which }		Premate	uli	-				11	hou	ins
20c. TIME OF INJURY Month, Boy, Year 20d. INJURY OCCURRED While of work of while of work of while of work of w		couse (o), stating	the under-			Ø							
20c. TIME OF INJURY Month, Boy, Year 20d. INJURY OCCURRED While of work of while of work of while of work of w	ICATION	PART II. OT	HER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEAT	H BUT NO	OT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART	' '	PERFOR	MEDO
21. I certify that I attended the deceased from \$\frac{1}{2}\], 1950, to \$\frac{1}{2}\], 1950, that I last saw the deceased alive an \$\frac{1}{2}\], 1950, and that death occurred at \$\frac{1}{2}\]\], from the causes and an the date stated above ADDRESS (Street, city or tolony, state) ACTUAL SIGNATURE M.D. BOCOM, Qr. STARLED AND BOCOM, QR. S		20g ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING D G D CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	CRIBE HOW INJURY OCC	URRED	Enter noture of injury i	n Port I or Por	t II of item 1B)				
alive an 195 and that death occurred at 191 M, from the causes and an the date stated above ACTUAL SIGNATURE M.D. BOCOM, D. WALESCHEE, city or town, state) PHYSICIAN'S NAME (Type) A M. BOCOM, D. WALESCHEE, C. W	MEDICA	Haur o.m.		White	Not while	foctor	OF INJURY (Home, fo y, street, office bldg., e	rm, 20f. (City etc.)	ar lown)	(0	ounty)		(State)
ACTUAL SIGNATURE AM BOCOM DY. STATE SIGNED SIGNATURE SIG			hat l'attended the	*	4 /	eath o	1958 10	5/4					
PHYSICIAN'S A M. Bacod Dr. Hegeisten Mg		/	1 m/s	ce	our	M.I	\$ 1.0				ie dale		
		PHYSICIAN'S	A'M. 1	Bac	old, 9.	<u> </u>	Step	esso	wer	,22	4	1 1	
220. BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) ROSE HILL CEM. HAGERSTOWN MD.	220.	BURIAL, CREMATIC			i/		1 /				ľ		
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE CALLED ADDRESS 240. REC'D BY	23. 1	FUNERAL DIRECTOR		1		ow,	240. RE	C'D BY REGIS	TRAR 24b REGI	STRAR'S SIC	MATURE		

TO HUSTILL OR ATTENDING PHYBEIAN: The law requires that the death certificate be executed within 24 hours after death. Toge I this certificate has been signed by the attending physician and ruse as the burial-transit permit. Then please remove carban emotion, or removal, and in any event within 72 hours after demotion, or removal, and in any event within 72 hours after defending the property of the property o may be retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: / This certificate has been significant by the bound be detached to use as the burial-transit. the registrar prior to burial

completely filled in by the funeral director, eggs 1 and 2 should be filed with

VS A15 (4) 15M 9/55





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09569 9565 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. COUNTY MARYLAND b. COUNTYWASHINGTON MARYLAND WASHINGTON b. CITY OR TOWN (If autside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) HAGERSTOWN" LIFE HAGERSTOWN 126 S. LOCUST ST. d NAME OF HOSPITAL (If not in hospital, give street address) . IS RESIDENCE WASHINGTON COUNTY HOSPITAL ON A FARM? YES INO NAME OF DECEASED First 4. DATE Middle AUGUST ELMER 58 (Type or print) RIDEMOUR DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH IF UNDER TYEAR IF UNDER 24 HRS. 9. AGE (In years last birthdoy) MALE WHITE 10/15/1883 Months Days Hours Min. WIDOWED IX DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during And Awerlung life, even if relired) MARYLAND HAGERSTOWN U.S.A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME SAMUEL RIDENOUR SUSAN AMANDA TROUT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT NO Own) NONE MELVIN RIDENOUR 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which (b) gove rise to immediate **DUE TO** cause (a), stating the underlying couse last PART BI. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSI PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20c. TIME OF INJURY Month. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour o.m. While Not white at work at work D. m. 21. I certify that I attended the deceased fram, Othat I last saw the deceased کند 19 , and that death accurred at 3 alive on M, fram the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 22d COCATION (City, lawn, or county) (Stote) 8/14/58 ROSE HILL CEM 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246 REGISTRAR'S SIGNATURE willing S. Though

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VS A15 [4] 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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VS A15 (4)

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VS A15 (4) 15M 9/55

9567 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09572

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1.	PLACE OF DEATH COUNTY Washin	gton		MARYLA	UND	2. USUAL RESI	land		ved. If institute b.COUNTY		e befare adr	mission)
	b. CITY OR TOWN (If	autside carporate limi	ts, write	c. LENGTH OF STAY IN	116	c. CITY OR	TOWN (If or	utside corporat			ive negrest t	awn)
	Hagersto			2 Weel	ks	< W	1111a	rogams	tR非	2		
	d NAME OF HOSP TA		ive street (address)		, d STREET A	DDRESS				e, IS	RESIDENCE
	Martin No	nor Rest	Hom	<u>e</u>		/ Kemp	s Mil	1 Roa	d			A FARM?
3.	NAME OF DECEASED	Fir		Middle		Los	st.	4. DATE OF	Мо	nih	Doy	Year
	(Type or print)	RUTH			St	CLAIR		DEATH	Augus		1958	19
5.	SEX			IED NEVER MARRIED		B. DATE OF BIRTI			AGE (In years lost_birthday)		YEAR IF UI	NDER 24 HRS.
	Female	White	WIDOWE			May 25	1901		D7 yrs			
100	during most of works Housewif	N (Give kind of work on the life, even if retired C	done 10b.	kind of Business or o	INDUS	stry it sirther Shena:	ndoar	or foreign coun	Co W.			USA
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME				
	Newt	on Cave				Ma	rv Do	ffelm	ver			
15.	WAS DECEASED EVER		CES? 16.	SOCIAL SECURITY NO.	17, 11	NFORMANT				dress		
1	s, no, or waknown)	on took out on	a vice	None	ac	ear H.	StCla	dir Vi	lliams	sport	R #	2 Md
7	PART I. DEAT / 7	H WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO y, which mediate he under: DUE TO	(a,	e far (a), (b), ond (c).]	*	H BRO	art	che	tasta	WEST TO	-6	BETWEEN NO DEATH
CERTIFICATION				ONTRIBUTING TO DEATH						VEN IN PART	PER	REPORTED?
	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH		THE FIOTE HEIGHT OCC	UNNE	. (cingi indiste o	, talery as v		.,			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yes	20d. In While of work	Not while	De. PU	ICE OF INJURY (Home, farm, bldg., etc.)	20f. (City or	fown)	(C	ounty)	(State)
	21. I certify the	at attended the	decease	ed fram 2/30/	15.	1924	low t	-/30/	50,19	,that I le	ast saw th	e deceased
	alive an_	30/5	12	, and that d	eath	occurred A	M				e date st	ated above.
	ACTUAL SIGNATURE	replit	40	una		w.b	elle	OLLS	t city or town	, state) 	1	DATE SIGNED
	PHYSICIAN'S NAME (Type)			1		the state of the state of the state of		1.		*	/	1/40
220	BURIAL CREMATION REMOVAL (Specify)	1 /2b. DATE THEREC	F	Rest Ha	_		terv	22d. LOCATIO			_ `	tote)
23	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	ACI	1 came		BY REGISTRA	L'STOWN	D 8.5.		N.d.
	ndrew K.		Hage	rstown Md			DATE S	Eb 3 2	8	Irthun 2	Trans	
27	TACE O 11 17 0	-0-T T WOTT	456	TO DO MATE THE			DATE					



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	9568	CERTIFICA	ATE OF DEATH	1	R	eg. Dist. No.	302
Ì	1. PLACE OF DEATH O COUNTY		2. USUAL RESIDENCE (Who		If institution:	Residence before	odmission)
	<u> </u>	MARYLAND	Maryla	and		Washing	V V 44
	 C TY OR TOWN (If outside corporate fimils, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate lin	ails, write RUR/	AL and give near	est lown)
ĺ	Hagerstown	10 days	Hagers	stown			
	d NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	et oddress)	d STREET ADDRESS			e	ON A FARM?
	Washington County Hos	spital	1158 Juter	Drive			YES NO
	3. NAME OF First DECEASED	Middle	Lost	4. DATE OF	Month	Day	Year
	(Type or print) JANE	ELIZABETH	SAVIYER		igust	30	19 58
	5. SEX 6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B DATE OF BIRTH	9. AG			F UNDER 24 HRS
	Female White WIDO	WED DIVORCED	October 17, 1	920		LO 13	Hours Min.
	10o. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)	6. KIND OF BUSINESS OR INDU				12 CITIZEN OF	WHAT COUNTR
	Housewife		Hagerstov	m. Maryl	and	U.S.A	
/	13. FATHER'S NAME		14. MOTHER'S MAIDEN N				
	Merle James	Finney	Ann	a Burger	à		
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 1. (Yes. no. or unknown) [(if yes, give wor or darks of service)	6. SOCIAL SECURITY NO. 17. H	NFORMANT		Address		
	110	Mi	r. Carroll Saw	yer	Hagerst	town, Md	•
	18. CAUSE OF DEATH [Enter only one couse per	line for (a), (b), and (c).]					VAL BETWEEN
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	Mitral	Stenosis			ONSE	T AND DEATH
	4/0 X DUE TO				>	/(5
	Conditions, if any, which) (b)	Rheumot	ic. Hear	tonis	1 15.93	11	T VNI
	gove rise to immediate couse (a), stoling the under-						} + ' *
	lying couse lost.						
	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CON	DITION GIVEN	IN PART 1(o) 19	WAS AUTOPSY
	3 Sclerader	ma					PERFORMED?
		SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort I or Part II of i	tem 18.)		
	= 1	1 5	ACE OF INJURY (Home, form, form, street, office bldg., etc.)	20f. (City or low	rn)	(County)	(Stote
	Hour o.m. While the w	ork of work	.rory, street, ortice blug., arc.)				
	21. I certify that I attended the deced	sed from	1952 to A	US 30	1078-1	hat I last say	u the deceas
ı	alive on A V 1 30		accurred at 6 P.				
	mod I	1 11		DDRESS (Street, ci			DATE SIGN
1	SIGNATURE CO.	1/1/22	up 2/4	N-Pato	2 4 m 6	11.	9/2/0
1	0 / 1/	11/1 1- L	1 /	4	helicall ask		
	PHYSICIAN'S NAME (Type)	140 FF7	no men	conto	2 Wn.	ml.	
	220. BURIAL, CREMAT ON. 226 DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d LOCATION (Lily, fown, or c	county)	(State)
	REMOVAL (Specify) Burial 6/3/1958	Rest Haven	Genetery	Hagers		laryl and	
	23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D	BY REGISTRAR	246 REGISTRA	AR'S SIGNATURE	4
	Suter-Rouzer Funeral Hom	Hagerstown, 1	laryland DATE	1 4 50		un d. I wall	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar ottending physician.

TO FUNERAL DIRECTOR: Af his certificate has been signed by the ottending physician and page 3 shauld be detache use as the burial-transit permit. Then please remave carbon the registrar priar to buria. VS A15 (4) 15M 10/57

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completely filled in by the funeral director,



death.

within 24 hours

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Filled

Bued

PHYSICIAN:

toy be retained by the FUNERAL DIRECTOR:

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HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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C 4 = .	Robert DIY E Wa	wells h	(D)	8-11-SERTI	FICA	TE OF D	EATH		IIMORE,	Reg.	Dist, No.		957
	PLACE OF DEATH o. COUNTY Was	hington		9588 MARY	(LAND	- CTATE	ence (whe		d lived. If institu b. COUNT		dence befo		
	Boonsbo	ro		c. LENGTH OF STAY			own (# od oonsì		rate limits, write	RURAL or	nd give nec	erest lawr)
1	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in haspitol, g	ive street	oddress)		d STREET AD	DDRESS						FARM?
.S.	NAME OF DECEASED (Type or print)		nie	E. C.	Sh	effer		4. DATE OF DEATH		8	Do		Yeor 1958
	sex female		7. MARR	IED NEVER MARRI		Aug. 2		375	9. AGE (In years last-birthday) 2 yrs	Month	DOYS	Hours	Men Men
100	during most of working housewil	ing life, even if relired	lone 10b.	own hom			yland	_	ountry)	12.	U.S		COUNTRY
13	John Del					14. MOTHER'S			Outrow				
	WAS DECEASED EVER	IN U. S. ARMED FOR If yes, give war or dates of s	HAICE}	SOCIAL SECURITY NO	EV6	rett M	oser	, Mic	dletow	m, l	/ld.		
	1	mediate (Dur 30	ge	ere for (o), to find (c)	Jec.	Thro	lerio	och	e l'asi	,	ONS	erval pr set and or 42,	DEATH .
ICATION.		ER SIGNIFICANT CON								iven in P	'ART 1(o) 1	PERFO	AUTOPSY DRMED?
AL CERTIFIC	20a. ACCIDENT WAY OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY C		`					···		
MEDICAL	Hour o.m.	/ Month, Doy, Yes	White of wor	Not while	fact	CE OF INJURY IF ory, street, office	lome, form, bldg., etc)	20f (City	ar town)		(Caunty)		(State)
	21. I certify the alive on ACTUAL SIGNATURE	ennet (deceas , 19		death	occurred at.	10.CL 7:101 Sdd	in from	n the causes freet, city or town	and or			deceased ed above ATE SIGNED
	PHYSICIAN'S Dr		~	nson			Midd	leto	wn, l	/ld .			
<u></u>	BURIAL CREMATION REMOVAL (Specify) Diltial	8/12/19				crematory emetery	7	Mid	TION (City, lown)	a, M	d.	(Stol	e)
23	FUNERAL DIRECTOR'S	Company	Mi	address ddletown.	Md	•	AUG 1	4 '58	TRAR 246 REC	SISTRAR'S	A GNATU	KE	4



VS A15 (4) 15M 10/57 8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9570 CERTIFICATE OF DEATH

Reg. Dist. No.

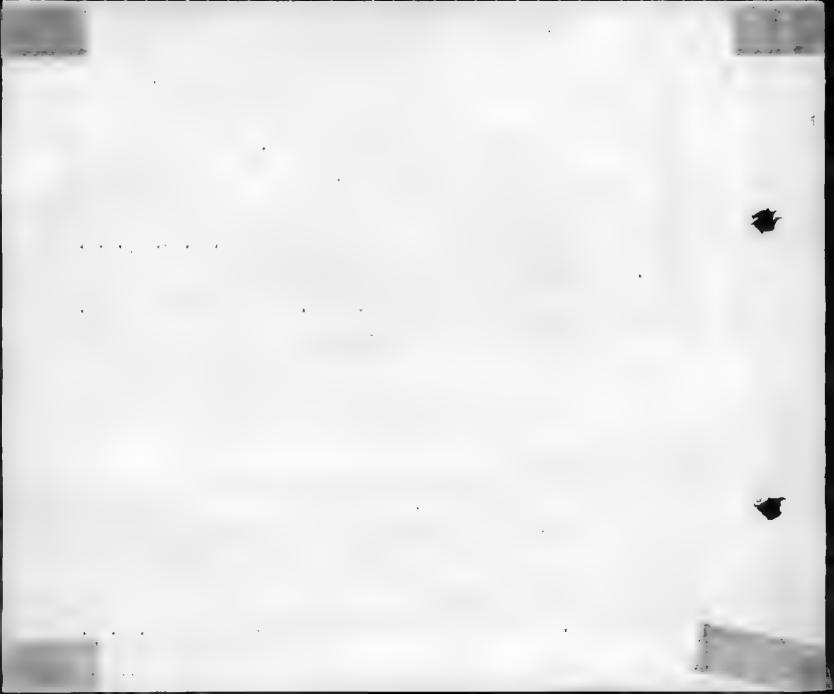
09576

	1. PLACE OF DEATH o COUNTY						2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)							
	Wash	MARY	LAND	o. STATE Maryland b. COUNTY Wash					ington					
	b. CITY OR TOWN (I RURAL and give no	c. LENGTH OF STAY	IN 16	c. CITY OR	TOWN (IF as	utside corporal	te limits, write R	URAL ond gr	ve nearest	lown)				
	Hagerstown			1 month 1	03 Hagerstown									
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				/ d. STREET ADDRESS e IS RESIDENCE ON A FARM						NCE			
	Washington County Hospital				1445 Potomac Sixxxik Ave.					YES THO TE				
	3 NAME OF First			Middle		Los	मे	4. DATE	Mon	Month 0		Yeor		
	(Type or print)			ELIZABETH		SMITH		OF DEATH	August	August		16 19 58		
	5. SEX	X 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B. DATE OF BIRTH 9 AGE (In years IF UNDER									YEAR IF U			
	Female	White	WIDOWI	DIVORCEI		December	17, 3	L892	last birthday)	MapIhs D	3951 Ho	urs i	Mn	
1	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZED during most of working life, even if retired)											HAT CO	UNTRY?	
)	Housewor		Gettysburg, Penn. U.S.A.											
/	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME												
	Geor	George G. Smith Caroline C. Redding							ing					
	15. WAS DECEASED EVE	R IN U. S. ARMED FOI		SOCIAL SECURITY NO	. 17. II	TORMANT			Add	ress				
	no	to you give new or water or	2	L4-34-2440A	M	Raymo	nd G.	Smith	Hagers	town.	Md.			
	1B CAUSE OF DEA	TH [Enter only one co	ouse per lin	ne far (a), (b), and (c)				•			INTERVAL			
;	PART I. DEATH WAS CAUSED BY: Metastatic Adeno Carcinoma											ND DE	ATH .	
	174X	174X DUE TO												
	Conditions, if a	(conditions, if ony, which) on Adeno cercineme at uterus 114+5												
		gove rise to immediate couse (a), stating the under:											-	
	lying couse lost.													
	PANT II. OTH	IER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE C	ONDITION GIV	EN IN PART	1(o) 19 W	AS AUT	OPSY	
2	2											RFORME N		
	PART II. OTH	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OF	CCURRED	(Enter nature a	f injury in P	art I or Part II	of item 18.)					
		MEDICAL EXAMINER)												
	ZOC. TIME OF INJUR Hour o. m.	Y Month, Day, Ye			20e. PLA	CE OF INJURY (Home, form,	20f. (City ai	r tawn)	(Co	unly)	1	(Stote)	
	р. m.	19	While of worl	Not while	100	1017, 311201, 01110	olog, elc.							
	21. I certify th	at I attended the	decease	ed from No V	-11	1957	7. 10 A	ve. 11	1058	that I la	ist saw t	he do	cented	
	21. I certify that I attended the deceased from NOV-11, 1951, to Avenue, 1951, that I last saw the deceased alive an Avenue, 1955, and that death accurred at 975AM, from the causes and on the date stated above.													
	ADDRESS (Street, city or town, state) DATE SIGNED													
	ACTUAL SIGNATURE	1.1 0.	//	Myran		up 2/	4 N	. pot	om 2/	12	* 5	115	15Y	
		.0	KT.	11,		1 /			-34-00-1-34-3	Manuelle.	4	-4-1-		
	PHYSICIAN'S NAME (Type)	LOYd A	11	01-1-m	27	- <i>H</i>	225	レイナ	un,	m	٠ لح			
220 BURIAL CREMATION, 228. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 2								22d LOCATIO	IN (City, lown, o	or county)	(1	State)		
	Burial (Specify)	8/19/19	258	Rest Have	n Ce	emetery		Hagers	town.	Marvla	nd			
	23. FUNERAL DIRECTOR	s signature izer Funera	l Han	ADDRESS			24a. REC'D	BY REGISTRA		TRAR'S SIGN				
	A. Frankely	Penger.	a non	Hagersto	wn,	Md.	DATREP	2 '58	ant	lun 8. H	races			



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 183577 9589 CERTIFICATE OF DEATH

1. PLACE OF DEATH O. COUNTY WASHINGTON MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE b. COUNTY WASHINGTON									
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
BOONSBC RO 2 YEARS	X KEEDYSVILLE									
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS e. IS RESIDENCE ON A FARM?									
REEDER NURSING HOME	MAIN ST. YES NOTE									
3 NAME OF First Middle DECEASED	Lost 4. DATE Month Day Year									
(Type or print) KATHLEEN ELIZABETH	SNIVELY. DEATH AUGUST 3 1958 19									
5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS									
FEMALE WHITE WIDOWED DIVORCED	MARCH 4 1897 61 yrs Months Days Hours Min									
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDL during most of working life, even if retired)	USTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY									
HOUSE WIFE OWN HOME	BOONSBORO WASH.CO.MD. U.S.A.									
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME									
W.ROGER BENDER	RHODA LAMAR									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT 218 RCWTAND AVENUE									
(Yes, no or unknown) [If yes, give wor or dates of service] NONE M	RS.GUY D.MARTIN HAGERSTOWN MD.									
18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN									
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH									
IMMEDIATE CAUSE (o)										
Conditions if any which ?	$\sqrt{}$									
gove rise to immediate										
couse (a), stating the <u>under-</u> lying couse tost.										
	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY									
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	PERFORMED? YES NO NO									
	ED (Enter nature of injury in Port I or Part II of item 1B)									
206 ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURRI OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	, and the same of									
	LACE OF INJURY (Home, form, 20f (City or town) (County) (Slote)									
To Hour o. m. While Not while	actory, street, office bldg., etc.)									
21. I certify that I attended the deceased from J. L. V.	1915, to 1514 3 , 1915, that I last saw the deceased									
alive on 1664 19 and that death	h accurred at 1.34AM, from the couses and on the date stated above									
ACTUAL 4/1/2/1/1/1/12/1	ADDRESS (Street, city or town, stote)									
SIGNATURE (1)6 C COUCE	M.D. /2000000000 ///33									
PHYSICIAN'S GIWILEVAN	/Yi.7.									
220 BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d LOCATION (City, town, or county) (Stote)									
REBURIATI AUG.5 1958 FAIRVIEW C	EMETERY KEEDYSVILLE WASH, CO.MD.									
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246 TEGSTRAR'S SIGNATURE									
- John H. Brot Brown low	DATE AUG 6 38 COMPERIUM									



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9571

CERTIFICATE OF DEATH

Reg. Dist. No.302

								4				
	PLACE OF DEATH COUNTY	n	MARYLAND	2 USUAL RESIDE o. STATE Laryla			If institution:		ore admiss an)			
	b. CITY OR TOWN (If outside RURAL and give nearest to the control of the control	de carparate limits, write	c. LENGTH OF STAY IN 15	c. CITY OR TO	WN (If outs	ide corporate lin	nits, write RUR	AL ond give no	arest lawn)			
ľ		Hagerstown 7 Days				05 Hagerstown						
	d NAME OF HOSPITAL (IF	nat en hospital, give street a	· ·	d STREET ADO	DRESS				e IS RESIDENCE ON A FARM?			
	Wsh. Count	ty Hospital		/ 1316	3 Oak	Hill	Ave		YES NO			
		First INIE	Middle MAY	STONE .		DATE OF DEATH	Aug 3	1958	Year			
			ED NEVER MARRIED	B. DATE OF BIRTH		9 AG		UNDER 1 YEA	R IF UNDER 24 HRS			
		hite WIDOWE		July 2	37 18	83 7	D yrs.	1 2 7				
	100. USUAL OCCUPATION (Giduring most of working life Housewate	ve kind of wark done 10b. 1 e, even if retired)	Own Home			foreign country) Ing Fra		CO CITIZEN	USA			
	13. FATHER'S NAME			14. MOTHER'S M	AIDEN NA	WE						
1	Harry W.	Shatzer		Rose	Lari	e Rowe						
	YOL NO. DE UNANOWN) (IF yes of			rs Jean	Lars	h 1452	Potoi		re			
	PART I DEATH WARMED SOLVE IMME Canditions, if any, while gave rise to immedicate (a), stating the unitying cause last.	DUE TO	e for (o), (b), and (c)] NESENTE OSTOPERAJ	RIC	TH	Rome		. 01	TERVAL BETWEEN USET AND DEATH OF CLUYS			
pi .	ICATIO		ONTRIBUTING TO DEATH BUT					IN PART 1(o)	19 WAS AUTOPSY PERFORMED? YES NO			
		DERLYING DESC NUSE OF DEATH TAL EXAMINER)	RIBE HOW INJURY OCCURRE), (Enter nature of i	njury in Par	t I ar Part II of i	tem 18.)					
	20c. TIME OF INJURY Mo Hour a. m. p. m.	While	UURY OCCURRED 20e. PL	ACE OF INJURY (Ha lary, street, office b	me, form, aldg., etc.)	20f. (City or tov	rn)	(County	(Stale)			
	21. I certify that I a	ottended_the_decease	ed from 7-26	19.58	to_ \$	1-3	1007	hat I last s	saw the deceased			
	alive on	8-3 /12	and that death	occurred at /	P							
	1/2	- 1/	*			ORESS (Street, co			DATE SIGNED			
	SIGNATURE TO	el Jan	L from	N.O. 318	n. o-	otomo	2 c S	of.	8-4-38			
	PHYSICIAN'S Pa.	ul Harr	ison m.G	. Hag	erst	own, Y	nd.		-			
	220 BURIAL, CREMATION, 22	220 BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMI				d LOCATION (_	(State)			
	"Burial"" (8/6/58	Rest Haven	Cemete	ry	Hagers	town,	ash.	Co End.			
	23 FUNERAL DIRECTOR'S SIGN	NATURE	ADDRESS	2	40. AEGD 1	Y REGISTRAR	20 SEGISTR	AR'S SIGNATI	JRE			
	Andrew V Co	offnun Harre	retown 1 d		ATE		AA 1147	CANAL M				

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached use as the burial-transit permit. Then please remaye carbon in the capacity filled in by the funeral director, the please remayer carbon in the registrar prior to burial, the registrar prior to burial, the registrar prior to burial. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

19

VS A15 (4) 15M 10/57



DATE AUG 1 1 158

Draelle.

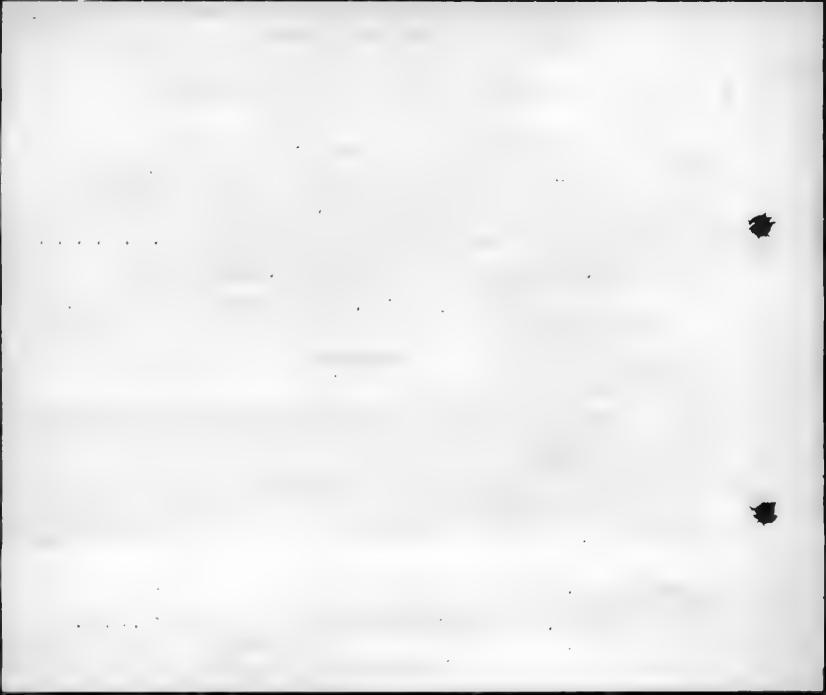
FUNERAL L.



HOSPITAL

o

1SM 10757



PUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please such the certificate writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page ould be forwarded from: Chief Medical Examiner's Office along with farm PM3. Parg. 5 may be retained for your filey. INTERAL DIRECTOR:

3 should be used as a burial-transit permit. File pages 1 mit the State Board of Health. Its designated agent, yours attended of the within prouts after death.

10 DE	exec	4 54	TO FU	100
V5				

Qu'

o. COUNTY WE	ashington		MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland b COUNTY Washington							
b. CITY OR TOWN (If outside corporate I in is, with in OWN	AUPAL C.	LENGTH OF STAY IN 16	c City OR TOWN (If outs'de corporate limits, write RURAL and g've nearest town) **Hagerstown**							
d NAME OF HOSPI	TAL OR INSTITUTION (H	not in hospital	give street oddress)	R#6				ON	PES DEN CE		
NAME OF DECEASED (Type or print)	Anna	Mar	Middle y Weber	Lost	4 DATE OF DEATH	Monii Augu	ist 16	•	Year 19 58		
s. sex Female	White	WIDOWED [Apr. 12,19	19	AGE (In years fost birthday) 39 yrs.	Months Day		Min.		
during post of works Housek	ON (Give kind of work d ng life, even if refired) eeper	one 106, KIND	OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (S) Washin	gton Cour	nty)	12. CITIZEN	OF WHAT	COUNTRY		
13. FATHER'S NAME	a Weber			Marba:		in			N. W. WALLES, S. D. D. V.		
15. WAS DECEASED ET	VER IN U. S. ARMED FOR		-32-4849 17. H	Mr. Ira W	eber	R#6 Hage	retown,	Md	the Published south		
Conditions, if gave rise to imme (o), staling the cause lost.	underlying DUE TO	- Und	aterminedx =x thrombosis, thrombosis, thrombosis,	Fortal ve	ein thro	mhosis,					
200. EXTERNAL CA	USE WAS 20k		W INJURY OCCURRED (E				EN IN PART IC		ORMED?		
CAUSE OF DEATH 20c TIME OF INJU Hour a. m p. m.	JRY Month, Doy, Year	While	RY OCCURRED 20e. PLA: Not while foct: of work	CE OF INJURY (Home, fory, street, office bldg.)	orm, 20f. (City e	r town)	(County)		(State)		
			oins described obo les [], Accident [psy 🛣, Ins Homicide [Inquiry [nd in my		
ACTUAL SIGNATURE_	. —	1)(1		M D CHIEF MEDICAL	4000			DATE	SIGNED		
EXAMINER'S NAME (Type)			11s, M.D.	DEPUTY MEDIC	DICAL EXAMINER			-16-5	8		
270. BURIAL CREMATI REMENTAL TOCAL	Aug - 19 5	0	NAME OF CEMETERY OF Reiff Church			Cearfos		(510	to)		
A. E. Min	Wiener	ih	Greencest		AUG 1 9		STRARS SIGNA Dillon S.				



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

Reg. Dist. No.

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										Keg. D	131, 140.	•	
	PLACE OF DEATH				ll l	USUAL RESI	DENCE (WI	here deceased	lived. If institu		nce befo	re odmisi	sion)
	Wa	smington		MARYLA	ND		Mari	bn - Fr		W	shi	in t	on
		N (If outside corporate lim	its, write	c. LENGTH OF STAY IN	1ь	c. CITY OR	TOWN (If a	oulside carpa	rote fimits, write	RURAL ond	give nec	orest town	n)
		stown		50 year	20 1	IJ.,	mers	4					
	d NAME OF HO	SPITAL (If not in hospital, a	give street	79 700	LS II	d STREET		LOWIN			Т	a IS RES	IDENCE
	OR INSTITUTIO	ON ,			1/2	50 N.		berrv	C+			o. IS RES	
-					119	10 210	11117	per.r. A	2000			162	NO D
3.	NAME OF DECEASED	M Fi	rat	Middle		1 Los	st	4. DATE	M	onth	Do	y	Year
L.	(Type or print)	MARTI	K	LUTHE	FR	W	CES.	DEATH	Aug	:- 1	9		19 58
5.	SEX	6. COLOR OR RACE	7 MARE	RIED NEVER MARRIED	B C	ATE OF BIRT	Н		9. AGE (In year		RIYEAR	IF UND	ER 24 HRS.
1	ale	white	WIDOW	ED DIVORCED	J M	arch	26 .	1078	lost birthday)		Days	Hours	Min
10a	USUAL OCCUP	ATION (Give kind of work	done 10b.	KIND OF BUSINESS OR I	NDUSTRY	11. BIRTHP	LACE (Slote	or foreign co	ountry)	12 C	ITIZEN O	OF WHAT	COUNTR
	anting most of	working life, even if retired CCOT。 T 3 t。	l) has				7	17.21		_	T ()		
12	FATHER'S NAME	C001 1 30 a	เมย	illdin; cor		thetio		idr			1.5.	-	
13.	~	T) Trem											
L		e P. Wiles					er C	<u>line</u>					
15. (Ye	WAS DECEASED	EVER IN U. S. ARMED FOR	RCES7 16	SOCIAL SECURITY NO	17. INFO	RMANT			Ac	ldressH -	פי ו ן היל	thou	n. N
	no		2	18-30-766	Ilr.	. Lyn	1 1.0	vers,	650 11	. I'u'	lbor	117	St.
	1B CAUSE OF	DEATH [Enter only one co	ouse per li	ne for (o), (b), and (c)]							INTI	ERVAL BE	TWEEN
	I.	DEATH WAS CAUSED BY		acute coror	ישיו פו	thromb	neie					8 days	
	420.	IMMEDIATE CAUSE (d				VIII VIII	,00±0					0 08	y a
	7.0.0.	DUÉ TO		aud analawati	- www		ol ho	024 33	00000				
	Conditions, if ony, which gove rise to immediate (b) arteriosclerotic myocardial heart disease												
	couse (a), stati)										
	lying couse to	ost.	:)(:										
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?												
¥													NO X
CERTIFICATION	200 ACCIDENT	WAS UNDERLYING	20b DES	CRIBE HOW INJURY OCC	URRED II	nter noture c	of injury in I	Port I or Port	II of item 18.)				
18	OR CONTRIBUTI	NG ☐ CAUSE OF DEATH IFY MEDICAL EXAMINER)			`								
	20c. TIME OF IN		00 1	THINK OCCUPAND 100	- 01455	OF INITION	24.1.	005 151					
MEDICAL	Hour o.	m.	While	NJURY OCCURRED 20	foctory	, street, offic	e bldg., etc	20f (City	or lown)		(County)		(Stote)
M.	p.	m. 19	of wor										
	21. L certify	that I attended the	deceas	ed from Oct	•	19 56	lo Au	ig •19	1958	that I	lost so	aw the	decease
	olive on	Aug.15	105	R		annonal at	10:15	A					
	dilve oil		,-5	and that de	eum oc	corred of			reet, city or tow		rne da	te state	ed abov
	ACTUAL .	8. IT when	ナレ	40000		115			St., Hage		n Md	. 0	3 A E
	SIGNATURE	111600-1		TT-V	M.D		11 41 0 0		70.110.60	1000		- 0-	19-20
	PHYSICIAN'S	S. Robert	Walle	. M. D.									
	NAME (Type)	2 1 KODET 0		,						<u> </u>			
22 c	BURIAL, CREMA)F	22c. NAME OF CEMETE	RY OR C	REMATORY		22d LOCAT	ION (City, town	or county)		(Slot	•}
	REMOVAL ISpen		0 K8	Jutheran	C	. 1.		Ilia.	Letown	i. Na	11		
23.		OR'S SIGNATURE	/_/()	ADDRESS	T-Our	otory	240 955	D BY REGIST		WANK S	IGNATU	RE .	
-	Gladhi	Ll Company	. Min	ddlatown,	Md.				2 150				
_		7	,				DATE	GATIE 52	J Jq	arthu	483	Travel	

campletely filled in by the funeral directar, ers. Pages 1 and 2 should be filed with THERITAL OR ATTENDINE PHYSICIAN: The law requires that the death certificate be executed within 28 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and page 3 should be detach, if use as the burial-transit permit. Then please remove carbon the registrar priar to burial fremation, or removal, and in any event within 72 bours after 3. VS A15 (4) ISM 9/55



YS A1S (4) 15M 9/SS

81

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
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09584 Reg. Dist. No.

	9	1574		CERTI	FIC.	TE OF D	EATH			Reg. Di	ist. No.	302	
12	PLACE OF DEATH a. COUNTY Washin			MARY	LAND	2. USUAL RESIDE	NCE (Whe		lived. If inst b. COUI	itution: Resider		odmission)
Г	b. CITY OR TOWN (If	autside corporate limi	is, write	. LENGTH OF STAY	IN 1b	c. CiTY OR TO	WN (If a				give neare	est lawn)	
		WESTERN		3 Days		Great	Ca	capor	1	85 x	-3		1
	d. NAME OF HOSPITA OR INSTITUTION Wash.	ounty H	ospit	al		d. STREET AD	ress ral					ON A F	ARM?
3.	NAME OF DECEASED (Type or print)	Arthur	e Edwal	Middle Your	ngbl	Loss		4. DATE OF DEATH	Augi	Month 1st 26	Doy 195	Yee 58 19	pr
5.	SEX	6. COLOR OR RACE	1	O NEVER MARRIE	-	8. DATE OF BIRTH		19	AGE (In ye	ors IF UNDER	1 YEAR IF		24 HRS.
	Male	White	WIDOWED	DIVORCE		October	6 1	900	last birthde		Doys	Hours	Min.
L	o. USUAL OCCUPATION during most of working CRIDE FATHER'S NAME		done 10b. K		loy		t Ca	capor		78. CI	USA	WHAT CO	DUNTRY?
1,3									Ja				
15	Andre				112 - 11		A110	e Fis		Address			
i i	(es, no, or unknown)	t yes, give wor or dates of s	ervice)	-14-3166	281.1	Rosie	You	ngblo		Wif	e		
	18. CAUSE OF DEAT	H [Enter only one co	iuse per line	far (a), (b), and (c).		Grest	Caca	roon	rest	Virgin	THATER'	VAL BETW	EN
П	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (c	1}	Respiral	02	9 fai	lux	4	-		Oldsel	וע ערוא ו	EAIN
	237×	DUE TO	· In	rereased	,	Intraer	ania	l bre	esur	e due	6 2	eda	of
	gave rise to in couse (a), stating to lying cause lost.	mediate (1	den	0- 1	ceri	That	Ede	med	2	Mon	ths
CATION	PART II. OTH	ER SIGNIFICANT CON	a ch	,	LL T	-	HE TERMIN	2 1	CONDITION	GIVEN IN PAR		WAS AU PERFORM	IED?
CERTIE		UNDERLYING UCAUSE OF DEATH	20Ь. DESCI	HEE HOW INJURY OF	CCURRE). (Enter nature of i	njury in P	arl I or Part	ll af item 16.)			
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Manth, Day, Ye	ar 20d. INJ While at wark	URY OCCURRED Nat white at work	20e. PL/ fac	ACE OF INJURY (Ho tary, street, affice b	me, form, oldg., etc.)	20f. (City o	or tawn)	(Caunty)		(State)
	21. I certify the	at I attended the	decease	fram augu	est	23. 1958	to au	allst	26.19	58,that 1	last saw	v the de	censed
		ugust, 26	, 195	17	death	occurred at 3	30 6	19M, fram	the cause	es and an t	the date	stated	abave.
	ACTUAL SIGNATURE	A.F.	m	Welah		м.в. 13	2 /	- Am	oron	- 4	1011	58	
	PHYSICIAN'S NAME (Type)	A.F.	Abo	lullah			4	town		Mol.			
7	REMOVAL (Specify)	1, 22b. DATE THEREC)F	22c. NAME OF CEME			~			vn, or county)		(State)	
-	Burial	18/28/58	1		Jeme	etery			acapo			O W	. Va
23	FUNERAL DIRECTOR'S		T3	ADDRESS	2.3		AGEP 2	BY REGISTR	AK 246. R	EGISTRAR'S SI	haus		
	Andrew K.	COTTMAN	1200	erstown 1	MIG -	1	DAVE	in.					

	The services	HTABO TO	TADRITIED	
		The 1000 100 100 100 100 100 100 100 100 1		
				382.3533
		March Control		
Section Control Contro				
		Part of the second		

CERTIFICATE OF DEATH

09585

9575

302 Reg. Dist. No.

											-	
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Washington											
B. CITY OR TOWN (RURAL and give in Hagerste		ts, write	5 days	IN 1b		own (If or		rote limits, write R	URAL and	give nea	rest fowr)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, o		oddress)		23 W. W	DDRESS		Street				IDENCE FARM? NO
3. NAME OF DECEASED (Type or print)	FRANK	st	MILL TAN	2	Loss ZINKAND		4. DATE OF DEATH	August	ith	Day	2	Yeor 19 58
s. sex Male	6. COLOR OR RACE	7. MARR	IED NEVER MARRI		B. DATE OF BIRTH		91	9. AGE (In years lost bigthday) 65 yrs.	IF UNDER Months	1 YEAR	Hours	R 24 HRS. Min.
100. USUAL OCCUPATE during most of wor Floor Cleri 3. FATHER'S NAME	ON (Give kind of work riking life, even if retired) _	kind of Business of per Market		STRY 11. BIRTHPU	rstow	n Md			J.S.		COUNTRY
	J. Zinkan	A				Emma :		nam.				
	ER IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16.	SOCIAL SECURITY NO 14-09-3512		NFORMANT			Hagerst		vid.		
Conditions, if any, which gave rise to immediate couse (a), stoting the under lying couse lost. DUE TO DUE TO Conditions, if any, which gave rise to immediate couse (b), stoting the under lying couse lost. (c)									5	yr	200	
PART 11. OT	HER SIGNIFICANT CON		ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMIN	AL DISEAS	E CONDITION GIV	EN IN PAR	T 1(o) 15	PERFO	AUTOPSY RMED?
20a. ACCIDENT W. OR CONTRIBUTING	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
20c. TIME OF INJUI Hour a.m. p. m.	RY Month, Day, Yes	While	NOT while		ACE OF INJURY (F clory, street, office			or town)	(0	County)	-	(Stote)
ACTUAL SIGNATURE	hat lattended the	125 	7		n accurred at 1954 M.D. 1361	7-301	M, from	n the causes of took, city or town,	and an t	last sa	e state	deceased abave
270. BURIAL, CREMATIC REMOVAL ISPECITY BULLAL	8/4/195) F B	Rose Hi				***	non (City, town, gerstown	or county)	¹d.	(State	e)
	rs signature r runeral		ADDRESS Hagerstown	. 1	ſd.	240, REC'D	BY REGIST	RAR 24 REGI	STRAR'S SIC		E	

completely filled in by the funeral director, ppers. Poges I and 2 should be filed with After this certificate has been signed by the attending physician and for use as the burial-transit permit. Then please remove carbonet, crematian, ar remayal, and in any event within 72 hours after may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been si page 3 shauld be detated for use as the burial-transit the registrar prior to but yet, crematian, ar remaval, and VS A15 (4) 15M 9/S5

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TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours after death. Page 4

paramit pot entitles - for THE AT RESIDENCE THE RESIDENCE OF THE RE